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ORIGINAL COMMUNICATIONS.

Cold Plague, or Malignant Bilious Pneumonia. By JAMES D. RIVERS, M. D., of Hall County, Ga.

The February number of the Examiner contains an article extracted from the Southern Medical and Surgical Journal, in which the writer makes some remarks in reference to a disease "which has prevailed more extensively in Georgia and South Carolina (and perhaps in other Southern states) during the last year or two than formerly, and which has been attended with an extraordinary degree of mortality." The disease to which the writer alludes, under the name of "Pneumonia," or "Pleuro Pneumonia," is well known to the people of North Carolina, South Carolina and Georgia, as the "Cold Plague;" and from the little experience that I have had in some fifteen or twenty cases, I am induced to believe that this latter appellation, or the more scientific one of Malignant Bilious Pneumonia, is preferable to the one which the writer has given, and is more descriptive of the malady than any other name that has come to my notice. The disease called the "Black Tongue," which prevailed to such an alarming extent in the north-western section of this State last year, is, I suspect, another form of the Cold Plague. With these remarks by way of prelude, I propose to make a few observations in reference to the general characters of the disease as developed in the cases that have fallen under my charge, and the method of treatment adopted, and then to give a detailed account of a

few of the most important cases which I have had; merely remarking beforehand, that all my patients affected with this disorder, to the number of about twenty, recovered under the prescribed treatment.

The diagnostic symptoms of the Malignant Bilious Pneumonia of this section of country, are rigors, but never a shaking chill; coldness of the body and extremities, pain in the forehead, generally an inch or two above the orbits of one of the eyes, most commonly over the left eye, severe pain in the chest, usually on the right side, pain in the region of the liver and pain in the abdomen. As the malady advances in its inflammatory course, the tongue thickens and expands laterally. In the outset of the disorder the pain is metastatic, sometimes moving from the head to either lung, usually the right one, frequently to the superior lobe of the lung, then to the lower part of the lung adjacent to the diaphragm, then to the liver, and finally to the abdomen in the region of the large intestines; frequently returning over the same track. It is not uncommon for this moving, jumping pain to lessen in intensity in one organ or part of the body, and to increase in a corresponding ratio in another organ at a considerable distance. I have seen the left eye of a patient contracted or shrunken and turned in toward its inner canthus, and vision so impaired that objects appeared double, the pain being much more acute in the region of the lungs and liver than in the head. In two instances I have seen numbness of the extremities; in all there was venous congestion and generally a corresponding increase of action in the arteries. In one of the ten cases hereafter spoken of, there was both venous and arterial congestion, and the pulse never rose to the healthy standard, either in volume or stroke, until the patient, a negro woman, became convalescent; and even after she began to expectorate freely, the oscillation of the artery at the wrist was not perceptible. The Cold Plague assumes many different garbs in which to make its appearance, one of which, as already remarked, is no doubt the Black Tongue; I have known abscesses to form in the early stages, in two instances in the soft parts of the lower jaw; in another case the lips were excoriated and much swollen. I consider that the lungs are primarily affected, the liver secondarily; the liver is engorged, though the engorgement may only produce a suspension of the secretory process, sometimes perhaps causing irritation or inflammation to supervene.

The Malignant Billious Pneumonia in its metastatic state yields to stimulants and diaphoretic ptisans. Brandy and water I consider an excellent remedy in the incipient stages, during the metastasis of the pain, and I gave it in several instances with desirable effect. A tea made of the Eupatorium perfoliatum,

sufficiently strong to act as an emetic or purgative for a short time, then diluted and given as a diaphoretic, is also a valuable remedy in the first stages of the affection. But whenever the disease becomes seated on any organ of the body, the antiphlogistic treatment seems generally to have the best effect; and in no case where expectoration had not taken place, did I dare to give stimulants, opiates, or animal diet in any form. I have found farinaceous diet to be the most suitable, especially before expectoration takes place. Before expectoration has become free, the principal articles of diet I use are rice water, corn gruel, rice, grits, and the crust of corn bread browned by the fire.

I had ten cases of the Cold Plague on a single plantation in Forsyth county, situated on the Chattahoochee river, a rapid mountain stream. The place had been settled about fifteen years, during which time, according to the positive declarations of the occupants, no endemic epidemic, or disease of any kind, had affected those that lived upon it. The appearance of so many cases upon one farm cannot therefore be attributed to any local causes. Most of the persons that visited the plantation during the prevalence of sickness upon it were more or less affected; while none of the neighbors that did not visit the sick were molested by the malady. While in attendance, I was myself twice attacked with it, the first time lightly, the second more severely.

Case 1. Miss E. B. aged 16. This is the case mentioned in which an eye was affected. Symptoms presented themselves in the following order: rigors, general coldness of the body and extremities, sore throat, slight pain in the side, and in the diaphragmatic region of the right lung and liver. The arterial action was considerably increased, with evident venous congestion. A vein was opened in the arm and but little blood taken, which indicated congestion in the superficial veins at least; she began to prostrate, and the artery at the wrist to thread, the bleeding was stopped, and I have not used the lancet in any case since. The tongue thickened and enlarged laterally, as the irritation or inflammation of the lungs and liver increased; it also became coated with a brown fur, and was red at the tip and edges; the skin was dry, the face flushed, with slightly impeded respiration, and considerable nervous excitement, but not so as to affect the mind. The stomach was in an abnormal state, nauseants in the form of tartar emetic water and ipecac. producing no more effect upon it than so much cold water. I gave her a combination of calomel, nitrate potass, and tartar emetic, in the proportion of calomel 2 gr., tartar emetic ¼ gr., nitrate potass 2 gr., every two hours, and put her in a warm saline bath whenever she would bear it; the skin continued dry, and the medicine produced no effect. I now gave her, in connection with the use of the bath, strong tea of

the Eupatoriam perfoliatum; still the medicine and remedies externally had no evident action, save to lessen the pain in the side from the application of a heated dough cake that I had directed to be used in the intervals of bathing. I told the patient that if she did not expectorate soon she would die. At the desire of her father, another physician was called in to consult; we determined to apply blister plasters to the inferior extremities and sinapisms to the superior, and to the diaphragmatic region of the lung and liver of the right side, continuing the use of the bath. No change was produced for the better. A saline enema was ordered, which resulted in a watery evacuation, indicating a suspension of secretion from the liver. The case was again placed under my sole care.

It occurred to me that the application of a sinapism to the epigastric region would rouse the dormant nerves of the stomach, and I was gratified to find after the application that that organ responded to the remedies used. A table spoonful of tartar emetic water, (tar. em. grs. vi., water ℥iv.,) was given every fifteen minutes for a short time; it lessened the febrile excitement a little, but did not produce expectoration. A mixture of oxymel of squills and Coxe's hive syrup was used next, till it produced an emetic effect—the lady ejected from the larynx and bronchial tubes, a handful of vitiated mucous, a great part of which was of the consistence of old cheese, and of a purulent cast. The consulting physician, upon first examination, thought the principal seat of the disease in the liver, but when I directed his attention to the mucous râle in the throat and bronchial tubes, it produced a change in his views. The diet was strictly vegetable and consequently antiphlogistic, except during the brief period of the consultation. The consulting physician wished that chicken water with red pepper should be given, to which I objected, signifying that the inflammation was too high in the lungs, and that there might be gastritis, as the point of the tongue was red, though there was no tenderness on pressure in the epigastric region. I agreed to make trial of plain chicken water, a table spoonful every three or four hours; but it increased the febrile excitement, and was abandoned.

An expectorant of oxymel of squills and hive syrup, with a diaphoretic ptisan of Eupatorium perfoliatum and horehound, with an occasional pill of blue mass, were the chief remedies used during her convalescence.

Case 2. Ann B., a little girl aged 4 years; had two attacks, both ushered in by the same general coldness and rigors, with pain in the frontal portion of the head. She appeared to have recovered from the first, which was a light attack, and to have been in good health for about three weeks, when symptoms of a

return of the disease made their appearance, followed by spasms and signs of apoplexy. The warm saline bath, cold applications to the head, and sinapisms to the extremities, removed the apoplexy, and restored the circulation of the fluids nearly to their healthy action. The tongue thickened and enlarged transversely during the high inflammatory excitement. The mucous tissue of the throat was irritated or inflamed, as has been the case with all the other cases. Thinking that the tendency to apoplexy was produced by worms, I directed a vermifuge to be given, followed by a mercurial purgative; it caused the expulsion of many ascarides. There was considerable pain in the diaphragmatic region of the right lung and liver. The application of the heated dough cake to the side, the use of nauseants, diaphoretics, expectorants, and the occasional use of the blue pill, with diet similar to that in case 1, soon removed the complaint.

Case 3. C. B., a young man 19 years of age, was taken with coldness and rigors, sore throat and pain in the frontal region of the head; tongue pale, with a scarcely perceptible thin coat of white fur, and pain in the diaphragmatic region of the lungs and liver. As the congestion, irritation and inflammation increased in the liver and lungs, the tongue became swollen, the fur became thick, yellowish, and finally brown. Although this was a severe case, I had no difficulty with it, as the stomach and general system responded to the remedies given. As soon as expectoration became free and continued, the disease subsided.

Case 4. Eliza, a negress, aged 25; had the usual precursors, general coldness, and rigors, sore throat, pain in the frontal part of the head, in the diaphragmatic region of the lungs and liver, pain in the renal region of the back, with apparent congestion in the superficial veins and arteries. There was also general prostration and relaxation that seemed to affect the superficial vessels of the body, numbness of the arms and hands; tongue pale, with a very thin coat of white fur. This is the case referred to in which the pulse did not rise to the healthy standard till convalescence was nearly perfected. The system responded to the remedies taken internally, nauseants produced almost immediate secretion from the lungs, and as expectoration increased she improved, and under the application of sinapisms to the extremities, the heated dough cake to the side, a stimulating liniment to the back, and a tepid saline bath to the feet, with a continued use of nauseants, diaphoretics, ptisans, a mercurial whenever the bilious secretion appeared to be impeded, and expectorants, she recovered. A sinapism applied to the spinal column commencing at the inferior part of the neck and ending at the middle of the back, soon removed the numbness from the arms and hands.

Case 5. Columbus, a negro boy, four years old; indicating

symptoms, sore throat, general coldness and rigors, pain in front part of the head, in the diaphragmatic region of the lungs and liver, in the abdominal region, apparently in the large intestines. The tongue was covered with a thick coat of white fur, and as the disease advanced, this organ enlarged and reddened at the sides and point, the fur assuming a brownish cast. The arterial action was much increased, with evident superficial venous congestion. The warm saline bath was used, cold applications to the head. An aqueous solution of sulphate magnesia and tartar emetic (℥i. of salts, ℥iv. of water, 1 gr. tartar emetic) was administered in doses of one teaspoonful every fifteen miuutes, until it acted on the bowels three times. The lips commenced healing under this treatment, and with the use of the Eupatorium perfoliatum as a diaphoretic, and the oxymel of squills with hive syrup as an expectorant, and an occasional blue pill to stimulate the liver to proper action, the patient recovered. The diet was the same as in the other cases.

The cause, whatever it be, of malignant bilious pneumonia, I conceive to be inhaled into the mouth and nostrils, and by producing its action on the Schneiderian tissue of the nose, and the mucous membrane of the mouth and fauces, it creates the cold plague. That the mucous tissue, pleura and parenchyma of the lungs are involved in this disease, I think no one will deny.

On the Cure of Vesico-Vaginal Fistula. By Joseph Pancoast, M. D., Professor of Anatomy in Jefferson Medical College.

To Professor Huston.

Dear Sir,—At your request I send you a brief notice of a new mode of operation for the cure of urethro and vesico-vaginal fistula, which I have successfully employed in two cases, a more detailed account of which I propose hereafter to present you with. The two operations above alluded to, were respectively on patients of Professor Meigs, and Dr. Condie. In one case, there was a complete destruction of a cross section of the whole urethral structure, at its juncture with the neck of the bladder; in the other there was an elongated orifice in the *bas fond* of the bladder, which would more than admit the end of the finger.

"The peculiarity of the operation, consists virtually in attaching the two sides of the anormal opening firmly together, on the principle of the tongue and groove, so as to get four raw surfaces in contact, and thus increase the probabilities of union by first intention. For this purpose it is necessary that the margins

of the fistula should have considerable thickness; and when not found in this state, they are to be thickened by repeated applications of lunar caustic, or, better still, of the actual cautery.

"Having exposed the fistulous orifice as thoroughly as possible with a Charriére's speculum from which the sliding blade has been removed, an assistant at the same time drawing the vestibulum well up towards the front of the pubis, my first object in the operation is to split the most posterior margin of the fistula to the depth of half an inch, with a sharp-pointed sabre-shaped bistoury. I next pare off the edges of the other lip of the fistula, so as to bring it into a wedge-shape; first reverting it as much as possible with a small blunt hook, and trimming off the mucous membrane on the side next the bladder with the curved scissors or scalpel, and then detaching in like manner, the vaginal mucous membrane, to the breadth of three-quarters of an inch, along the whole extent of the lip. This is a very difficult but most important part of the process; and great care should be taken to obtain a sufficient extent of raw surface, at the two angles of the fissure, where the lips will rest merely in apposition. Having checked the bleeding by the use of astringent applications, my next object is to insert the raw wedge or tongue into which one of the lips of the fistula has been converted, into the groove which has been cut in the other, and hold them in close connection. This I accomplish, by the means of a peculiar suture that might be called the plastic, and in the same way that I have described its application in reference to some plastic operations, in my Operative Surgery, and in the American Journal of the Medical Sciences, for October, 1842. The suture threads are to be passed with short, sharp, curved needles, held in Physick's artery forceps with the handles made of twice the ordinary length.

"When the sutures are knotted firmly, the tongue or wedge will be found immovably imbedded in the groove. The sutures I leave for two weeks or more, or until they become loose. A gum catheter should be kept in the bladder to prevent the accumulation of urine. To keep the inflammation from running to a destructive height, a bladder of cold water should be applied for thirty-six hours to the vulva.

"On the second day I direct the frequent injection of a solution of Zinci. Sulph. into the vagina, in order to increase the tone of the parts. On the third or fourth day I apply to the line of union a solution of lunar caustic with a camel's hair pencil. This application should be made twice in the twenty-four hours, the solution being gradually increased in its strength. Union by first intention may be expected to take place under this treat-

ment to a considerable extent; at such points as it should fail to occur, union by second intention is to be promoted by the use of lunar caustic in substance, so as to raise a bed of granulation on the raw surfaces of the lips, while they are held in contact by the plastic suture. Occasionally, where the fissure is large, it will become necessary to repeat the process after a partial success has been obtained by the first operation.

Philadelphia, April 8, 1847.

Case of traumatic Tetanus, successfully treated. By O. H. Costill, M. D. of Frankfort, Pennsylvania.

Feb. 18th, 1847. I was called about 10, A. M. to Margaret ——, a coloured woman, said to be in a fit. I found her lying on a settee, her arms, legs, and whole frame perfectly rigid. Her eyelids were drawn down so tightly as scarcely to be lifted, and her jaws were firmly set. Upon inquiry I found that two days previous she had received a carpet tack in the bottom of her right foot. It was withdrawn, and nothing more was thought of it till the evening previous, when she complained of pain in the foot and stiffness in the leg and back. She had, however, risen in the morning and resumed her usual occupation, until seized as above described. As the surface of her body was cold, I had her placed in bed and her clothes loosened, (though owing to the rigidity of her limbs they could not be removed,) and warm applications to the feet. After some time the spasm subsided. She opened her eyes, could move her limbs and converse. She complained of extreme tenderness in the anterior part of the sole of the foot; could scarcely bear it touched, though I could find no point where the nail had entered. The pain extended up the leg and back to the neck and jaws, and there was stiffness about the root of the tongue. I directed a lye poultice to the foot and a mixture of castor oil and turpentine to be given every hour and a half, until the bowels should be freely moved, intending after that to commence with opiates should the tetanic symptoms continue.

I saw her again at 12 o'clock. She was much more comfortable but had had one very severe spasm. Medicine had not operated. During the afternoon she became much worse. An urgent message was sent for me, and as I was absent from home my friend Dr. Taylor, at the request of my family, was on his way to visit her for me when I returned. He was so kind as to accompany me, and at my request attended the case with me subsequently.

It was about six in the evening when we saw her. She had had more than a dozen spasms during the afternoon, and one occurred while we were with her. Her breathing was difficult, as

if choking, the jaws were set, foam proceeded from the mouth. The body was bent in a bow-shape resting upon the occiput and heels (opisthotonos.) Upon examining the foot after the spasm subsided, we could find no point where the nail had entered, but excessive tenderness on the anterior part of the sole within a space of the size of a dollar. Within this space I made two incisions crossing each other at right angles, into which lint saturated with spirits of turpentine was inserted, and the lye poultice re-applied. We directed her to take a pill containing two grains of opium and two of calomel every hour. We saw her again at half past 9 o'clock. She had taken two pills; had had no spasms—ordered one pill every two hours through the night, unless asleep. 19th, 9 A. M. Had taken four pills; had no spasms until six A. M., then had two, but not so severe; we applied at this time a solution of caustic potash along the spine. She was sick at the stomach this morning, and vomited light green fluid. To continue the pills, and as the bowels had not been moved since the attack, we directed a laxative enema. Evening. No spasms through the day; still sick, and vomiting occasionally; some pain in the limb extending up the back; neck and jaws better. The bowels have been freely moved three times. Mouth sore from the calomel. To discontinue the pills, and take two grains of opium at 10 o'clock, with nourishment through the night. 20th, 9 A. M. Slept some during the night, but was much distressed by sickness—vomiting the same light green fluid. Much more prostrate. The pulse, which had been nearly natural, till this morning, was frequent and feeble. To take a mixture containing 5 grains carb. ammonia and twenty drops tinct. opii every two hours; blister to the epigastrium. Evening. Much better; pulse full and soft. Sickness nearly gone. The blister had drawn but slightly. 21st, 9 A. M. Has slept well. No sickness—says she feels very well. To take the ammonia, &c., occasionally—from this time she continued to recover, and is now at service. The wound from the incision made in the foot continued sore for several days; but we could not say it suppurated.

I offer this case for publication, not because there was anything new in the means used for its cure; there certainly was not, but rather as additional evidence that this dreadful malady, so often fatal, will sometimes yield to the ordinary method of treatment. A case occurred to me many years since, in which the tetanic symptoms were very decided, though not so strong as in the case just related, which recovered by the liberal use of opium and stimuli and the dilatation of the wound.

March 24th, 1847.

Congenital obstruction of the Colon in an infant. By JAMES BRYAN, M. D.

April 2d, 1847.—On the 31st ult., I was requested by my friend Dr. L. P. Gebhard to make a post obit examination of J. B., a male infant three days old, who had died without having had any discharge from its bowels after birth. The child had been cheerful and took the breast at first, but gradually became languid, and sunk without evident cause, except the want of a discharge per anum.

On inspection of the body, the abdomen was found very much enlarged and of a greenish colour. The capillaries of the skin were injected, and the cuticle of a purple colour, as low as half way down the thighs, involving the genital organs, groins, &c.; the abdomen was tympanitic; the os frontis was freely separated down to the root of the nose; the general appearance of the infant in other respects was that of health.

On making an incision through the integuments in the direction of the linea alba, a large quantity of fœtid gas escaped from the abdominal cavity. The bladder appeared healthy and contained a little urine; the uracus was attached to the umbilicus and bladder; the peritoneum in every direction was engorged with dark coloured blood, and the circulatory arcades of the mesocolon with the small vessels of the colon were filled with blood, and easily seen when the intestine was held between the eye and the light. The greater part of the hypogastric region was filled by a tumour about four inches in diameter. On opening the colon above this tumour (which proved to be situated in the sigmoid flexure of the colon,) large quantities of meconium and fœcal matter were discharged. The peritoneum when divided was found to cover a smooth surface of the tumour; this surface proved to be the outer coat of the intestine, which was very much distended and contained the tumour in the form of coagulated blood, as black as pitch. The descending colon was distinctly traced into the covering of the tumour, and was found to adhere to the margin of the pelvis, and to be entirely *imperforate* in the direction of the rectum.

The anus was in a natural condition; a probe would pass without difficulty, and had been passed during life up the rectum to the tumour or obstruction. A few drops of blood had followed the introduction of the probe. The genital organs were well developed; so also the liver, stomach, and small intestines. The tissue of the intestines around the tumour was found *apoplexied*.

The explanation of this case would appear to be, that a rupture of some of the vessels of the sigmoid flexure of the colon

took place during uterine life. A gradual discharge of blood into the intestine and between its coats took place, producing pressure on the surrounding parts, and in this way, inducing adhesions to an extent to close the passage of the blood towards the rectum, and causing the general adhesions which were found outside of the intestine.

The *treatment* of this case, *provided the diagnosis had been made out*, would be, to make an opening into the tumour through the rectum; this failing on account of the adhesions, we might perhaps resort to the production of an artificial anus in one of the situations usually recommended; in this case the latter operation would probably have relieved the patient, at least temporarily.

To the Editor of the Medical Examiner.

Sir,—Permit me, through the pages of your journal, to direct the attention of the younger members of the profession to a practice, which prevails more or less with many of them, of asking for farther advice in difficult cases of their seniors, by letter, and thus subjecting them to manifest inconvenience and responsibility, without accompanying their request with the wonted, or any, *honorarium*. Where special relations exist, or have existed, as between preceptor and pupil, there may be apparent, if not real, propriety in the latter seeking occasionally for farther enlightenment; but wherever the patient can afford to remunerate the consulting physician, it ought most assuredly to be the pleasure—if not the duty—of the attending physician to suggest the appropriate accompaniment. The undersigned has been subjected to repeated inconvenience on this head, and he knows that others have been equally annoyed.

Philadelphia, April 17, 1847. IATROS.

[We publish the foregoing communication with pleasure, in the hope that it may be useful in correcting an evil of which we hear many and just complaints. We often receive communications complaining, indeed, of eminent physicians for not having answered letters asking counsel, and invariably we have found that the letters sent contained no fee, and sometimes were not even postage paid.—EDITOR.]

BIBLIOGRAPHICAL NOTICES.

Six Lectures on the Uses of the Lungs; and causes, prevention and cure of Pulmonary Consumption, Asthma, and Diseases of the Heart; on the laws of longevity, and on the mode of preserving male and female health to an hundred years. With twenty-eight illustrations. By SAMUEL SHELDON FITCH, A. M., M. D. 12mo., pp. 324. New York, 1847.

We take up the notice of this production with feelings of contempt, not unmixed, however, with sorrow. Nearly twenty years have elapsed since its author published "A system of Dental Surgery." He was then a reputable dentist; holding a position amongst the best of the "craft;" and his "system" was esteemed so creditable to him in all respects, that it obtained encomiums from those whose good opinion it must have been his pride to possess. And now—*quantum mutatus!* The *auri sacra fames* has, we fear, induced him to quit the path of credit; to abuse the profession of which he is an enrolled member; and in the production before us to exhibit an amount of ignorance, both on general and medical topics, which must excite the wonder of every one how he could have been entitled to the suffixes of A. M. and M. D., which he attaches to his name.

We are apt to despise the miserable mercenary, who, without any claim to medical attainments, endeavours to gain a wretched subsistence on the gullibility of his brethren; but what ought to be our feelings, when a licensed member of the profession quits its honest paths, and wanders into the devious wilds of empiricism. Nor is the author of these lectures the only one to whom these remarks apply. We have reason, indeed, to believe, that the *fancied* success of others, a few years ago, led him to turn his attention to this subject; and that bromine was to be one of the hacks on which he designed to ride into notoriety and pelf. The example of Ramadge—the great archetype for the smaller fry that have succeeded him—himself belonging to the Royal College of Physicians of London; and yet a greater empi-

ric perhaps hardly exists, as we had occasion to hint when noticing the translation of Läennec, with which his name has been connected—has led to a host of inhalers and consumption curers, who not only blazon amongst the public their own false or fancied [?] statements of success, but obtain from men in the ranks of the profession—as we shall mention more particularly hereafter—testimonials for the furnishing of which—if they have a spark of interest remaining in their noble calling—they must, by this time, be heartily ashamed.

The "Lectures" before us are evidently addressed to the people, not to the profession, whose members, indeed, they grossly slander and abuse. This fact, as well as the meretricious title, would have prevented us from taking the slightest notice of them, were it not that the "A. M., M. D." might mislead some of our readers, and induce them, in their want of information, to send for the work. We cannot refer to all the examples of gross ignorance and misrepresentation that pervade it; but it may be well to cite a few, with the view of showing, that these charges against the author and his production are not only sustained, but that our expressions have been even too guarded. "In 1827," he remarks, "whilst pursuing some investigations in Philadelphia upon nervous influence, preparatory to my graduation thesis, I discovered what I conceive to be the grand uses of the lungs, and their first great purpose. In these researches I was led to ask, what it was that gave support and power to the nervous system. I traced this support to the lungs; and at once and forever, to my mind, all darkness upon the uses of the lungs disappeared." p. 28. And what does the reader suppose was the essence of this immortal "discovery"?—that the lungs "give to the human machine its power of action. This power exists in the atmospheric air; and the lungs are the medium by which, and through which, that principle which gives the human machine its living power is conveyed to it." This immediately accounted to him for the fact that women are weaker than men. "The lungs of women are one-third smaller than those of men;"—and why one man is stronger than another. "Were you required to select the strongest man of your acquaintance, would you select a man with a flat, thin chest, long neck, and narrow, round, stooping

shoulders, or would you select a man with a wide, deep, round chest, and broad, heavy shoulders? There can be but one answer. You would choose the man with large lungs, and you would not be disappointed. You would find his strength in the exact ratio of his pulmonary developement, other things being equal." It explained to him also, satisfactorily, why we use the right arm rather than the left. "It is seen with all the natives of this globe, that the right arm is preferred in its use [?] over the left; in other words, that all men are right-handed, as a general rule. Some very unsatisfactory reasons are given for this. The true reason is found in the fact that the lungs give us the power of action, and that the right lung is larger than the left; hence it gives more power to the right arm. I have often seen the right arm hang quite useless at the side by extensive disease of the right lung. [!] Very rarely we find persons left-handed. I believe in all cases where they are left-handed, the left lung will be found the largest. I have often had an opportunity of verifying this fact; so that being left handed is not a matter of capricious or accidental choice in the infant, but is owing to the left arm being the strongest, because the left lung is the largest." p. 31.

But there is no end to the removal of difficulties effected by this "discovery." It explains, for example, why a brother in active life in the country possesses "in a vast many cases double the physical strength of the brother in the city,"—the lungs of the rustic brother being, we presume, larger:—why the eagle "that poises himself high in the heavens, and, almost with the rapidity of lightning sweeps to the earth, and seizing a living animal of nearly or quite his own weight, flies away with him to the top of Mont Blanc;"—why "many [qr. how many?] migratory pigeons that travel fifty miles an hour, that you can hold upon your hand, [qu. the pigeons, ?] consume more air than some females:"--but we pause for breath; our lungs are not sufficiently capacious for the "power," the muscular exertion needed to record all the ramifications of this great "discovery."

Next follow some remarks—not very connected, it is true—on those wanderings from the true path by men of science, which show that in too many cases "they have started wrong; that their premises are erroneous." As, for example, the "hieroglyphics of Egypt;"—by which the author, be it observed—does not mean

to convey, that the hieroglyphics "have started wrong, or that their [the hieroglyphics'] premises are erroneous;" but that by a discovery analogous to his own, "we now learn that what *was* supposed to be a cloud, covering most inscrutable mysteries, *are* only simple records of men's actions, wishes, lives and deaths, and *were* once familiarly read by all the stone-masons of Egypt." Then comes the application of this to the lung-discovery. "A perfect cloud" rests over the lungs, their uses and diseases. "Their grand purpose is entirely overlooked, and unknown by the mass of medical and other men:"—and now follow sentiments, which, if the "discovery" had not been made, ought still to have been sufficient to immortalize the author! "I do not know that I ever met two physicians who were of any eminence and not mere imitators, who thought or acted alike in managing consumption, or who had the least notion how it might be prevented. Nor have they any confidence in their own practice: in few cases have they the least hope of curing the disease or preventing it." * * * "Intimate to the medical body, that consumption is a curable disease, and at once such an idea is denounced as the height of folly or knavery. What results from this darkness of the Faculty? [of which, be it observed, he still professes, but we hope is not considered, to be one.] Why the whole land is covered with a pall; nearly one-half of the adults, when they die, die of consumption or diseases of the chest. The whole population are running everywhere for aid. All confidence in the regular medical faculty for consumption, is lost; nobody respects them, and they do not respect themselves on this subject;"—and then comes the climax, the apotheosis! "Allow me here to say, from a vast experience [!!] that nine-tenths of all that is laid down in medical books, taught in medical schools, or pursued in medical practice, for the prevention and cure of consumption, is calculated to make the disease, not to cure it." And again, after referring to the published opinions of Dr. Chapman, who, he says, "solemnly declares that in a practice of fifty years he has never seen a case of seated consumption cured;"—but who, we beg leave to inform the author, with all due deference to Dr. Chapman, is very far from being the exponent of the views on this subject of the most enlightened pathologists—he exclaims, in tone, and *English*, in entire keeping with the rest of his observations: "This, gentle-

men and ladies, is a record of his 'practice,' and of nearly all, with scarcely an exception, in the regular faculty up to this time; and most fully confirms all I have said upon the awful destructiveness of their practice. This leads me also to call to your minds, that nearly all the higher classes in this country, who only employ the old school physicians, when struck with consumption, die of it. Whilst with the more independent and thinking classes, not trammelled by fashion; not reverencing mere names and pretensions, but fly from such persons, and ask for facts, demand cures, find often, at last, in perhaps an obscure old woman, or some illiterate person, that aid which could not be obtained from their regular, and 'world and time-honoured physicians.' This want of the success of the school-bred physicians is owing to their profound ignorance of the uses of the lungs. Why do they not at once, as honest men, tell their consumptive patients, we cannot cure you, and leave them to nature and its resources, without adding to their sufferings the accumulated and accumulating ills of drugs and medical remedies, that, in nine cases out of ten, hurry them to their graves, and deprive them of all comfort whilst living." p. 36.

Yet it must be gratifying to the profession to learn, that the author says all this for the sake of truth, and that he is full of loving kindness for them. "My father, my grandfather and brother," [how are the mighty fallen!] "were regular, eminent, and respectably educated physicians. No one respects them [the profession] more, but I do deplore their ignorance of the uses of the lungs, and causes of consumption; and most of all, their ignorance of even rational practice in pulmonary diseases." p. 36.

But we need proceed no farther. Are we not then justified in the terms of reprehension in which we have spoken of these "Lectures;" and can we be surprised at the declaration of the author, that besides his opportunities in London, he has had *five thousand consultations* in cases of consumption and kindred diseases within the last three years,"—that is *fourteen new cases* daily, and every day during that time!—and that in no instance has he ever had a decision of his proved incorrect by any physician? Nor will any one be astonished, that advertisements, of the most nauseous character, have been left at the doors of respectable dwellings in this city, filled

with, perhaps, in many cases *bought* testimonials in favour of the "lectures." We say, "perhaps in many cases bought;" for the editors of a respectable and independent journal in a neighboring city have affirmed, that they were offered a sum of money for a favourable notice,—that they spurned the offer,—and noticed the paltry production in terms that it richly merited.

One word more. Certain physicians have furnished testimonials to the author of these "Lectures," and as they have courted—what we, however, consider unenviable—notoriety, it is proper that they should enjoy it. Dr. Luther Brigham, of Lowell, introduces him as "justly celebrated for his researches in the uses of the Lungs, and the nature and treatment of Pulmonary Consumption. I think his opinion and advice on these subjects of great value. His patients in this place speak of him in the highest terms." Dr. Benjamin West, of Nantucket, speaks of him as "one who is acquainted, to a *surprising* extent, with the subject (consumption) in its most important bearings; and who by his disinterested actions has shown himself entitled to the respect and confidence of all with whom he may be brought in contact." Next we have a letter from Dr. Hubbard Graves, of Nashville, N. H., introducing him to a professional brother as his "friend" Dr. Fitch, who had recently delivered some lectures on consumption, its causes and cure, in that place. "On my announcing his subject," he says, "the idea of quackery may possibly strik eyou, but there you will be most agreeably disappointed. Dr. Fitch regularly studied his profession, both in this country and in Europe; and you will find him a man of strictly philosophical mind, who has thoroughly examined the theory which he advances. His ideas are not crude and confused as those of quack-lecturers invariably are; you will find that they are clearly arranged, and that all his conclusions have been logically deduced. In fact, from what I have seen of Dr. Fitch, I am satisfied you will deem his acquaintance in the highest degree agreeable."

Messrs. Brigham, West, and Graves, have acted as gentlemen ushers and prolegomena to their "friend," and they will doubtless pride themselves—for "*nulla vestigia retrorsum*"—in having manfully aided to diffuse the new light—the "discovery;"

and to obtain some of the effulgence reflected from the luminary to which they have consented to act as satellites; and in the language of Pope, it may be asked

"Why Jove's satellites are less than Jove?"

They cannot therefore complain, that they are all placed by us in the same category, or that the maxim *noscitur a sociis* should apply to each of them.

Lectures on the Comparative Anatomy and Physiology of the Vertebrate Animals, delivered at the Royal College of Surgeons of England, in 1844 *and* 1846. By Richard Owen, F. R. S., Hunterian Professor, and Conservator of the Museum of the College. *Part* I. *Fishes. Illustrated by numerous Wood cuts.* 8vo. pp. 308. London, 1847.

We turn with pleasure from the ungracious task of impaling ignorance and unblushing empiricism, to notice the labours of one who has attained a well earned and well merited preeminence in certain departments of medical science more especially. Perhaps at this day, indeed, no name stands higher in the roll of living comparative anatomists than that of Richard Owen,—a successor of the amiable and excellent Cliff, who filled so ably the office of Conservator of the Museum of the Royal College of Surgeons, of London,—from its first establishment, if we mistake not.

The volume before us is the second of the series,—the first having investigated the comparative anatomy and physiology of invertebrate animals; and a third is to follow, devoted to the consideration of the mammalia in the same relations.

We cannot do more than say, that after an "introductory lecture" on the characters of the classes of vertebrate animals, the work examines, in succession, the osteology, myology, neurology, digestive system, vascular system, pneumatic and renal organs, and generative system of fishes, in a manner so able and perspicuous as to make us the more anxious to possess the third and remaining volume. When completed, it will form a *thesaurus* on the subjects embraced by it, which every scientific inquirer into the animal economy ought to hasten to possess.

New Elements of Operative Surgery. By ALF. A. L M. VELPEAU, Professor of Surgical Clinique of the Faculty of Medicine of Paris, etc. etc. etc. *Carefully revised, entirely remodelled, and augmented with a treatise on Minor Surgery. Illustrated by over* 200 *engravings, incorporated with the text; accompanied with an atlas in Quarto of twenty-two plates, representing the principal operative processes, surgical instruments, &c. First American, from the last Paris edition.* Translated by P. S. TOWNSEND, M. D., Late Physician to the Seaman's Retreat, Staten Island, New York. *Augmented by the addition of several hundred pages of entirely new matter, comprising all the latest improvements and discoveries in Surgery, in America and Europe, up to the present time. Under the supervision of, and with notes and observations by,* VALENTINE MOTT, M. D. Professor of Surgery with Surgical and Pathological Anatomy in the University of New York; etc. etc. etc. In three volumes. New York: Samuel S. and William Wood, 1847.

The appearance of the *first* and *second* volumes of this important work was duly chronicled as they successively came from the press; and now we have to announce the *third* volume, with the accompanying atlas, which completes the publication. We congratulate Dr. Townsend on the conclusion of his arduous task, for such it unquestionably has been. To translate, collate, and prepare for the press three such huge volumes is no trifling matter; and to have carried the work through without interruption or delay is in the highest degree creditable to his zeal and industry. It must be confessed, however, that the haste with which this has been accomplished has not been without some disadvantages. All who have occasion to examine the volumes will find reasons enough to regret that a little more time was not given to arrangement of the subjects of which they treat, as well as condensation of the language in which the various topics are discussed. Of course we allude to the *American* portion. The volumes might in this way have been materially lessened, much useless detail avoided, and greater perspicuity of expression attained. The faults in style, although not an *essential* matter, are such, in many instances, as ought

certainly to have been avoided by so practised a writer as the Editor. What apology, for instance, can be offered for such Gallicisms as "M. S. Cooper" (Mr. Samuel Cooper), "M. Dudley," "M. Kirby," "M. Bostock," "M. Fahnestock," &c. If it be allowable at all to render the names of Frenchmen thus, there surely can be no reason, in an English version, for translating English names into French. The habit of the Editor, of using the pronoun in the first person plural, as is the custom of journalists, instead of the first or third person singular, when uttering his own sentiments, is hardly consistent with good usage. But in the notes by Dr. Mott, the singular and plural form of the pronoun are used indiscriminately. Such sentences as the following, for instance, are common: "The means which I have resorted to, may possibly have been used by others before my time, but I am not aware of the fact. We are sure that many of the cases we have met with, had been abandoned," etc. Such jumbling of words is not only inelegant, but tends to confuse the reader, and the editor's privilege should have been exercised for their correction. But, notwithstanding these and many even greater imperfections, the publication is one of very great worth, and the profession is under lasting obligations to Dr. Townsend for the service he has rendered to Surgical Science in putting this work of Velpeau in an English dress; and to Dr. Mott for the many valuable contributions from his own extensive experience with which this edition is enriched.

A Practical Treatise on the Diseases of Children. By D. Francis Condie, M. D., Secretary of the College of Physicians; Member of the American Philosophical Society; Honorary Member of the Philadelphia Medical Society, etc. Second Edition, revised and improved. 8vo. pp. 657. Lea & Blanchard. Philadelphia, 1847.

On the appearance of the first edition of this work, we pronounced it to be the best treatise on the diseases of children in the English language; and notwithstanding all that has been published since, we still regard it in that light.

"In the preparation of a new edition of the present treatise," says the author in his preface, "every part of the work has been subjected to a careful revision; several portions have been entirely re-written; while, throughout, numerous additions have been made, comprising all the more important facts, in reference to the nature, diagnosis, and treatment of the diseases of infancy and childhood, that have been developed since the appearance of the first edition."

The first *part* treats at length and with great clearness of the "management of children," of their "peculiarities of organization," the "pathology of infancy and childhood," semeiology," etc., and is alone worth the price of the book. The subjects which appear more particularly to have undergone revision, as far as a hasty examination has allowed us to discover, are, pleurisy, pneumonia, croup, and tubercular meningitis; and of the eruptive diseases, measles and scarlatina. On these, as well as the various other subjects embraced in the work, the author has evidently read much and observed well, and his remarks may be fairly admitted as containing the most approved doctrines of the day. His pathological views we regard as particularly sound; and, generally speaking, we find little to object to in his therapeutics, although we cannot always agree with him in the means he employs to give them effect. His attention to German medical literature is discoverable in his fondness for what may be called German prescriptions, or German remedies; thus the chlorohydrate of ammonia in visceral inflammations and cutaneous diseases; and hyoscyamus, variously combined, with ipecacuanha, mild chloride of mercury, prepared chalk, etc., for a wonderful variety of affections. To the formulæ throughout the book we have found more occasions for exception than any thing else. Occasionally, too, we have examples of medicines miscalled, such as "*hydrochloride of ammonia*," etc. In a work from a less competent author, or one of less general excellence, we should not think of naming such imperfections, but in the present instance we feel jealous that any of the kind should exist. There is one point, however, in which our experience differs so greatly from that of the author, that we cannot refrain from noticing it—it is in the quantity of the watery extract of opium which may be safely given to children. At page 335,

treating of hooping cough, we have in a note the following prescription and direction for its administration.

℞. Opii Pulv. ʒj.
Aq. Bullient. ℥iij.

Let it stand for three hours, then strain, and add ʒj. bi-carbonate of soda. Dose, for a child two years old, a teaspoonful every three hours.

If given according to the direction above, a child two years old would take the watery solution of *twenty grains of opium* in twenty-four hours.

What effect hooping cough may have in modifying the susceptibility of the constitution to the action of the remedy, or how far the alkali may modify its narcotic properties, we are not prepared to say; but notwithstanding our very great confidence in the experience of the author, the dose is certainly much greater than we could venture to administer to so young a subject.

We cannot close this notice without again expressing our high estimate of the work. The present edition of it, as the author has promised, has been carefully revised, and presents "a full and connected view of the actual state of the pathology and therapeutics of those affections which most usually occur between birth and puberty."

CHARGE *to the Graduates of Jefferson Medical College of Philadelphia.* Delivered March 25th, 1847, by Professor DUNGLISON. With a list of the Graduates. Published by the Graduating Class.

We cannot better express our own opinion of this excellent address, than by quoting the language of the able and courteous editor of the New York Annalist. "Dr. Dunglison's address is, as might be expected from so ripe and rare a scholar, highly appropriate. 'Good,' [and Godman] 'in our own, and Park, in a sister profession are referred to as showing what can be done in the way of acquiring solid accomplishments, by enduring perseverance at the commencement of a professional career. Study, courtesy, caution, honor, &c., are all, as becomes a gentleman and a conscientious teacher, forcibly recommended to the medical *debutante*, and an eloquent and feeling peroration dismisses to the active duties of their calling, 'the largest class of graduates that

has ever graced the halls of Jefferson Medical College, or of any similar institution in the country.'"

The following extract from the address, indicates the sources from whence the large classes of the College are drawn. Few of those who are not immediately connected with the medical institutions of Philadelphia, have an idea of the great distances from whence medical students are attracted to this city.

"You are here from regions widely distant from each other—not from 'Greenland's icy mountains,' but from 'India's coral strand'—for one of you is from remote Burmah. Representatives, too, are amongst you from Ireland, Canada, and New Brunswick, and from most of the States of this Union.

Of those on whom the degree of Doctor of Medicine has been this day conferred, seventy-two have spent one scholastic year in other incorporated institutions:—one in the Medical Department of Bowdoin College, Maine; two in that of Dartmouth College, New Hampshire; two in the Berkshire Medical Institution, Massachusetts; three in the Medical School of Castleton, Vermont; one in Geneva Medical College, New York; three in the University of New York; and two in the College of Physicians and Surgeons of that city; seven in the Medical Department of the University of Pennsylvania; and one in Pennsylvania Medical College; one in the Medical Department of the University of Maryland; and one in that of Washington University of the same state; six in that of Hampden Sidney College, at Richmond, Virginia; and fifteen in that of the University of Virginia; six in the Medical College of South Carolina; three in the Medical College of Georgia; eight in the Medical Department of the University of Louisville; and three in that of Transylvania University, Kentucky; four in the Medical College of Ohio; one in Willoughby Medical College; one in the Medical Department of the Western Reserve College, at Cleveland, Ohio; and one in the Medical College of Louisiana.

The afflux hither from other institutions must continue. It has been annually on the increase; and at no time, perhaps, has the ratio been as great as during the past session. The multiplication of medical schools, instead of diminishing the number of those that seek instruction in this city, augments it; for the facility of intercourse between the most distant places is so great, that a journey to Philadelphia is now within the means of a large proportion of medical students: hence it is, that so many visit her at least one winter, in order that they may enjoy those ample opportunities for full medical instruction, which have obtained for her the character of being the great centre of medical education on this side of the Atlantic."

THE MEDICAL EXAMINER.

PHILADELPHIA, MAY, 1847.

INHALATION OF SULPHURIC ETHER.

Our Exchange journals continue to be crowded with cases and discussions illustrative of the effects of this kind of medication. Not merely is it employed when cutting instruments are used, but in the treatment of luxations, hernia, and labour, especially in instrumental cases; in asthma, croup, and nearly all the ills that flesh is heir to. These numerous experiments will doubtless lead to a better understanding of its powers and adaptations, and it will be strange if much good does not result. Bad consequences are known to have followed the employment of the remedy in repeated instances, but the only wonder is, with such indiscriminate use of so powerful an agent, that the number of accidents has not been greater. That our readers may know something of what is said and doing on the subject, at home and abroad, we have, at the sacrifice of variety, devoted a considerable portion of the present number to extracts bearing on the most important points involved in the discussion. Already, in this country, we think we discover a decline of the excitement in relation to it, which prevailed so extensively at the first.

DELEGATES TO THE NATIONAL MEDICAL CONVENTION.

For the following list of Delegates to the National Medical Convention, we are indebted chiefly to the American Journal of the Medical Sciences. We have made some additions to the list published in that journal, but still the roll is not complete; and of those named it is not likely that all will attend, while the places of some will probably be supplied by others. It is understood that representatives have been appointed in the States of Connecticut and Louisiana, but we are not advised of their names or how many have been designated.

Vermont.—Drs. Chas. Hall, C. W. Horton, A. G. Dana, and Dyer Story.

Massachusetts.—From the *Massachusetts Medical Society*, Drs. S. W. Williams, of Deerfield, E. Hale, of Boston, E. Huntingdon, of

Lowell, A. L. Pierson, of Salem, R. Fowler, of Stockbridge, J. V. C. Smith, of Boston, L. Bartlett, of New Bedford, E. W. Carpenter, of Sandwich, W. Bridgeman, of Springfield, O. W. Holmes, of Boston, and Geo. C. Shattuck, jr., of Boston.

From *Middlesex District Medical Society*, Drs. Elisha Huntingdon, John W. Graves, Nehemiah Cutter, and Josiah Curtis.

Rhode Island.—From the *Rhode Island Medical Society*, Drs. Theophilus C. Dunn, Usher Parsons, Richmond Brownell, and George Carpenter.

New York.—From *New York State Medical Society*, Drs. John Stearns, J. W. Francis, J. C. Cheeseman, J. R. Manley, E. G. Ludlow, J. A. Wing, Danl. Ayers, T. W. Blachford, Darius Clark, Morgan Snyder, Jas. S. Sprague, J. M'Call, A. Willard, N. S. Davis, P. H. Hard, Maltby Strong, Alex. Thompson, L. T. Tefft, G. W. Bradford, Enos Barnes.

From *New York Academy of Medicine*, Drs. J. Stearns, F. C. Stewart, J. R. Wood, D. H. Bulkley, V. Mott, E. Delafield, J. C. Bliss, R. S. Kissam, D. M. Reese, E. L. Beadle, J. Linsley, O. S. Bartles, C. S. Smith, M. Hoit, W. H. Van Buren, J. O. Pond.

From the *New York Medical and Surgical Society*, Drs. J. A. Swett, J. G. Adams, A. Dubois, A. C. Post, W. P. Buel.

From the *New York Hospital*, Drs. John Watson, and John H. Griscom.

From *Albany Medical College*, Profs. Marsh, J. M'Naughton, T. R. Beck, and Hun.

From Faculty of *Geneva Medical College*, Profs. C. A. Lee, C. B. Coventry, and J. Webster.

From *Faculty of Medicine of Buffalo University*, Prof. F. H. Hamilton, Austin Flint, J. P. White, and Geo. Hadley.

New Jersey.—From *Medical Society of New Jersey*, Drs. Smith, and Pierson, of Essex, C. Marsh, of Passaic, Stewart, of Morris, Forman, of Mercer, Parrish, of Burlington, Taylor and Cooper, of Camden, Garrison, of Gloucester, and Howell.

From *District Medical Society of Burlington*, Drs. Cole, Stratton, and Read.

Pennsylvania.—From *College of Physicians of Philadelphia*, Drs. T. T. Hewson, I. Hays, S. Jackson, J. W. Moore, A. Stillé, J. R. Paul, W. Pepper, G. Fox, C. Morris, D. F. Condie, J. Randolph, R. C. Bridges, C. D. Meigs.

From *University of Pennsylvania*, Profs. N. Chapman, S. Jackson, Geo. B. Wood.

From *Jefferson Medical College*, Profs. Bache, Mitchell, and Mütter.

From *Med. Dep. of Pennsylvania College*, Profs. Atlee, Patterson, and Wiltbank.

From *Franklin Medical College*, Profs. Rogers, Tucker, and Joynes.

From *Philadelphia Medical College*, Profs. Burden and M'Clintock.

From *Philadelphia Medical Society*, Drs. Bell, Emerson, Parrish, Norris, West, Ashmead, B. H. Coates, Bond, Morton, Yardley, Griscom, and Rodman.

From *Northern Medical Association of Philadelphia*, Drs. Janney, Naudain, Uhler, Remington, M. B. Smith, and Jewell.

From *Lancaster Co. Medical Society*, Drs. Humes, Atlee, Kerfoot, Eshleman, Winters, sen., Duffield and Carpenter.

VIRGINIA.—*Medical Convention of Virginia*, Drs. Welford, of Fredericksburg, Cabell, of the University, W. A. Patterson, of Richmond, and M'Guire, of Winchester.

OHIO.—*Ohio Medical Convention*, Prof. Wright, of Med. Coll. of Ohio, Prof. St. John, of Med. Coll. of Cleveland, and Prof. Butterfield, of Med. Coll. of Willoughby.

GEORGIA.—*Medical College of Georgia*, Profs. Dugas and Garvin.

MISSISSIPPI.—*Mississippi State Medical Society*, Drs. S. A. Cartwright, H. Lipscombe, —— Monette, P. D. Ewing, J. S. Copes, Wm. R. Gist, O. L. Dewees, K. P. Alston, G. G. Banks, W. J. Leake, J. Andrews, Geo. Nicholson, G. Keïrn, T. J. Catchings, W. Jamison, E. D. Turner, ——— Takett, J. R. Sykes, ——— Kilpatrick, Wm. Balfour, ——— Davis, James Maynard, James Chamberlain, and S. C. Farrar.

KENTUCKY.—*University of Louisville*, Profs. Drake, Cobb, and Yandell.

From *Transylvania University*, Professors Mitchell and Bartlett.

MISSOURI.—*Medical Department of University of Missouri*, Prof. J. B. Johnston.

Medical Department of St. Louis University, Prof H. M. Bullit.

TENNESSEE.—*Medical Society of Tennessee*, Drs. J. B. Hays, Stout, Martin, Buchanan, Avent, and Davidson.

DELAWARE.—Drs. Couper, and Thompson.

Arrangements for the Meeting of the National Medical Convention.

At a meeting of the Delegates to the National Medical Convention from the city and county of Philadelphia, held at the Hall of the College of Physicians, March 9th, 1847, it was resolved to accept the polite offer made by the *Academy of Natural Sciences*, of the use of their spacious Hall for the meeting of the Convention; and the following committee was appointed to make the necessary arrangements for the meetings and deliberations of that body:—Drs. Hays, Condie, Emerson, Fox, Bridges, Norris, Morris, West, and Paul.

The above committee, in furtherance of the objects of their appointment, invite the delegates to the National Medical Convention to meet at the Hall of the Academy of Natural Sciences, west side of Broad Street, near Chestnut Street, on Wednesday, May 5th, at 10 o'clock A. M.

The several standing committees appointed at the last Convention are invited to meet at the same place on Monday morning, May 3d, at 10 o'clock.

To facilitate intercourse between the delegates, they are invited to

report themselves as soon after their arrival in Philadelphia as convenient, to the committee of reception and arrangement, named above, who will be at the Hall of the Academy of Natural Sciences on the 1st, 3d, and 4th of May, from 10 A. M. to 3 P. M., and on the evening of the 4th of May from 7 to 10 o'clock.

The secretaries of the associations who will be represented are requested to transmit, at an early day, the names of their delegates to the chairman of the committee, Dr. I. Hays.

RECORD OF MEDICAL SCIENCE.

Resignation of Professor Warren.—It will be perceived from the following record, that Dr. John C. Warren has resigned the chair of anatomy and physiology, in Harvard University, Boston, which he has long filled with distinguished honour to himself, and great advantage to the school, and that the corporation of the University have shown their just appreciation of his valuable services by electing him Emeritus Professor of Anatomy and Surgery. In his retirement, the Professor will carry with him the best wishes of the profession, of which he has been a distinguished ornament, and for the advancement and improvement of which, we are sure, he will not cease to occupy himself. He has rich stores of experience to lay open, he is also engaged, we know, in scientific pursuits of great interest and importance, and we trust his life may be long spared for their completion, and to enjoy the honours he has justly earned.

At a stated meeting of the President and Fellows of Harvard University, in Boston, Feb 27th, 1847, the President laid before the corporation the following communication from Dr. Warren, resigning his Professorship.

[Here follows in the records a copy of Dr. Warren's letter.]

Whereupon voted—That in accepting the resignation of Dr. J. C. Warren, as Hersey Professor of Anatomy and Surgery, this board is deeply sensible of the important services rendered to the University by Dr. Warren; and holds in grateful recollection the successful exertions made by him, for a period of more than forty years, and in continuance of those of his honoured father, to raise the character, and promote the interests of the medical school.

Voted—That Dr. Warren be requested to continue in the discharge of the duties of his office, till the close of the present Academic year.

Voted—That the President be requested to communicate to Dr. Warren a copy of the foregoing votes, with the assurance that this

board cordially reciprocates the friendly and respectful sentiments expressed towards the corporation and the University, in his letter of resignation.

On vote, by ballot, Dr. John C. Warren was chosen Emeritus Professor of Anatomy and Surgery in the University, in consideration of his faithful and valuable services as Hersey Professor of Anatomy and Surgery.

A true copy of the record,

Attest, JAMES WALKER, Secretary.

Amer. Journ. Med. Sciences.

New Professors in Harvard University.—We learn that the Corporation of Harvard University, since the resignation of Dr. Warren, have appointed three new professors, two of whom are to be attached to the Massachusetts Medical College in Boston, and one to the University at Cambridge. The new incumbents are Oliver W. Holmes, M. D., Professor of Anatomy and Physiology; John B. S. Jackson, M. D., Professor of Pathological Anotomy, and Curator; and Jeffries Wyman, M. D., Hersey Professor of Anatomy at Cambridge.—*Bost. Med. and Surg. Journ.*

Abstract of a Letter from DR. N. S. JARVIS, Surgeon U. S. Army, dated Monterey, Mexico, Oct., 1846, embracing several Surgical Cases, which fell under his Treatment and Observation.

After stating matters of a private nature, Dr. Jarvis continues: "On the 19th of September we encamped within four miles of Monterey, in a grove of Peccan trees, called "Walnut Grove," where we were abundantly supplied with clear and cold water, from a stream of considerable size and rapidity, formed by the junction of numerous springs, which took their rise in the surrounding lime-stone rocks. The combination of wood and shade rendered this spot admirably fitted for an encampment. On the following day parties were employed in reconnoitring the enemy, and in observation of the fortified position of the town. Towards evening my Regiment, 3d Infantry, with another, were advanced a mile towards the town, to cover a party of engineers, engaged in the erection of a mortar battery, but returned to camp about 9, P. M., having been relieved by another regiment.

On the morning of the 21st the whole division was thrown forward towards the city, with a view, as we supposed at the time, of making a diversion in favor of the 2d division, under Gen. Worth, which was moving on the western side of the city by the Saltillo road. Few of us supposed, as we silently marched along, occasionally passing through corn fields and by the side of hedges, or whatever could conceal our movements from the enemy in their batteries, that we should so shortly be engaged in a fierce and deadly strife. As soon as, or in fact before, we emerged from under cover, the batteries from either end of the city opened their fire upon us, completely sweeping the plain in every direction, and enfilading the advancing columns of our

troops, now rapidly marching towards the suburbs. The engineer officer having reported the practibility of attacking with success the rear of some of their forts, the 1st, 3d, and 4th Infantry were ordered to advance rapidly by separate roads, and now it was my professional labors commenced; the nearest and only shelter that presented itself to me for the wounded, falling every moment under a most destructive fire, was a quarry pit, four or five feet in depth, and the same in breadth. Several of these were contiguous, and to them I directed the wounded to be carried. By stooping we were protected from the shots, which, however, became every moment thicker, owing to the fact, that our troops had by this time advanced within range of the enemy's fire, and the moment they perceived a party of men bringing the wounded to us, they directed all their guns upon it. I had already performed one amputation, and was preparing for a second, when two or three fugitives rushed into the pit, falling over the wounded that lay there crowded together, saying that a large body of lancers were approaching. So little credit did I attach to their report, which I ascribed rather to their fears than the actual presence of this dreadful description of troops, that I never raised my eyes to observe them; which circumstance doubtless saved us all. Had I been discovered, all would have been massacred, as in their headlong fury, they would neither have delayed to ascertain our character or profession, nor have paid much respect to our patients. Several soldiers who had sought an adjoining pit with an officer were slain. They were soon after repulsed by a regiment of Ohio and Mississippi Volunteers, marching to reinforce those already in the town, and their retreat was farther quickened by a shower of grape opened upon them by our artillery.

I commenced with a determination of giving you a surgical history of the actions of the 21st, 22d, and 23d September, but have unintentionally thus far given a military narrative. This, however, will show, in the incidents above narrated, that the military surgeon is at times somewhat unpleasantly situated, when in the discharge of his professional duties, deprived as he is of the security, and many of the appliances enjoyed by his fellow practitioner in civil life.

The first wounds were received in crossing the plain, and were inflicted by grape and cannon-shot. This was of course before we had approached within reach of their musketry. These wounds were all low: generally at, or just above the ankle, according to distance and direction. Of the first three men brought to me, two had received wounds from twelve pound shots just above the ankle, which had nearly severed the limbs, which were hanging only by a portion of integuments. The other had his heel torn off by a six pound shot. Shortly after, our troops having advanced within reach, and under the fire of the Mexican Infantry, numerous cases of wounds by musket and escopette* balls were brought to me; these latter are one-third

* An escopette is a short carbine, similar to a blunder-buss, and carries a ball one-third larger than our musket.—M.

larger than our musket-balls, and consequently inflict a more severe and formidable wound. So numerous at this time became the wounded in our pit, and so constant and heavy the fire, directed towards the parties approaching with the wounded, as to compel us to remove our hospital several hundred yards farther in the rear. We had not long been in our new position, when some covered wagons bringing the wounded attracted the attention of the enemy, who immediately re-opened their fire, compelling us a second time to remove beyond the range of their shot.

Among the numerous projectiles, occasioning severe and fatal wounds, were grape, canister, fragments of iron and copper shells, and stones knocked by the balls from the buildings and walls. Their shells were thrown with great accuracy, frequently in the midst of a body of troops, but fortunately killing and wounding but few.

Before speaking of any particular wounds, I will here take occasion to make some remarks respecting the character they assumed, and the peculiar causes acting to prevent a favorable result, so far as regarded the healing of all, even the most slight. The first annoyance we experienced, and which no doubt exerted an injurious effect, was one little anticipated at the time. The moment a limb was amputated numerous flies would alight on the stump, and must have deposited their eggs, for when it became necessary to dress the stump, myriads of maggots were found buried in it, which could be expelled with great difficulty ; rendering it necessary in some instances to re-open the flap, for their complete extermination. A much more formidable enemy made its appearance in an erysipelatous inflammation of the integuments, covering the stump, which generally set in two or three days after the operation ; and notwithstanding all the means made use of to arrest it, most commonly ended in sloughing, and either proved fatal or rendered a second amputation necessary. That some influence existed previously, either external or internal, from causes connected with the state of the atmosphere, or habits of the men, arising from diet or water, was manifest. The slightest wound or scratch became in every case a tedious ulcer, in some instances proving a cause for serious alarm. Apparently the most trifling wounds required an unusual time for healing, and even those that had previously healed would break out again, and present greater difficulty in their cure than in the first instance.

At this period no atmospheric causes apparently existed to produce this unfavorable aspect of things. Nothing could exceed the loveliness of the weather, if I may so express myself, and if the middle of the day were warm, the morning and evening refreshed us by a most delightful temperature and cloudless sky. No rain had fallen, with the exception of one or two showers, for nearly a month, and consequently little moisture existed to produce its well-known morbific influence. Immediately after the capitulation of the city, on the 25th of September, all the wounded of the different divisions entered the town, and suitable buildings were provided for their accommodation. Upwards of two hundred officers and men from the 1st and 3d

Divisions, who had been most severely wounded, were conveyed thither on the same day in litters and wagons. The wounded of the 2d Division already occupied the city.

Our camp afforded no comfort nor shelter for them beyond a few small tents and a solitary blanket laid on the ground: and many were destitute of even this apology for a bed, having lost them on our march. Many had no other clothing than that in wear, which was not only torn and soiled in climbing over the hedges, walls, &c., during the battle, but was stiff and saturated with blood from their wounds. A few days after their reception into the hospitals, tertian intermittent fever made its appearance, attacking many of the wounded, and, in the majority, retarding or completely arresting convalescence. On many of those severely wounded it exerted a decidedly pernicious influence, and no doubt contributed, in some cases, to a fatal termination. It not only attacked the wounded in the hospitals, but prevailed extensively in camp and among the population of the town and neighboring country. I cannot say to what extent, this may be attributed to the putrid exhalations arising from the numerous bodies of men and horses slain in the different combats, and which had been slightly covered with earth, and emitted a most sickening and offensive effluvia. This, doubtless, contributed largely towards infecting or destroying the purity of the air, and establishing a poisonous miasm.

With these preliminary remarks, I will now give you an outline of a few of the more interesting cases resulting from gun-shot wounds, received during the three days' attack on Monterey, and which came under my observation at the time. With a view to some order and classification, I will describe first those of the head and face.

Case 1.—Corporal Sherridan, 1st Infantry, was struck by a musket-ball on the anterior and central portion of the os frontis, destroying it for a distance of two inches. Considerable portions of the brain issued from the wound, and notwithstanding the severity of the case, the patient appeared to suffer little or none until the third or fourth day, when, coma supervening, followed by delirium, he died.

Numerous wounds of the scalp, accompanied in three cases by destruction of the periosteum and outer table of the skull, came under my observation, but presented nothing new or different in their character and progress from ordinary cases.

Case 2.—Private Redville, of the 3d Infantry, in passing a stone wall, received a wound in the right eye, as he supposed, from a fragment of stone broken from the wall by a cannon-ball, and which struck him with force sufficient to knock him down. I saw him two or three hours after the injury was received, and found his eyelids so much swollen, as to render it very difficult to ascertain the condition of the eye itself. In placing my finger over the inner canthus, I felt a sharp point, apparently of some hard substance. This I immediately extracted with a pair of common forceps, and found it to be a fragment of grape, three-quarters of an inch in length, and half an inch in width at the centre, of an oblong or elliptical shape. It was of cop-

per, or an alloy of that metal, and had evidently been broken off by striking the wall. On examining the eyeball I found it uninjured, the fragment having passed between it and the inner canthus, and penetrated to the posterior wall of the orbit, destroying the lacrymal sac, the os unguis, and wing of the sphenoid bone. Considerable inflammation and suppuration followed, and although at the present time the wound has entirely healed, the pupil remains permanently dilated, and vision destroyed. This seems to indicate an injury of the optic nerve, which the missile from its length must have reached and destroyed.

Case 3.—Private Jones, of the same regiment, was wounded about the same time by a musket-ball striking him near the angle of the inferior maxilla, on the right side, fracturing the bone, passing directly through the tongue and the corresponding portion of the bone on the opposite side. The tongue was completely severed at its base, hanging only by a few muscular fibres. The patient was almost moribund when brought in, and died shortly from excessive hæmorrhage.

Case 4.—Major. L., commanding the 3d Infantry, received a wound from an escopette-ball directly in the centre of the upper lip. The ball passed obliquely backwards and to the left, tearing away the bony palate, aud completely destroying the upper maxilla and malar bone of that side, and, fracturing the condyle of the inferior maxilla, passed out behind the ear near the mastoid process. The velum pendulum palati was completely separated from its superior connections and rested on the tongue. The whole of the alveolar process, together with the teeth on the left side was carried away. To enable him to articulate, as well as swallow, I contrived to fasten up the pendulous palate by a stitch, and afterwards by a ligature placed around the remaining incisor tooth, with a view of afterwards endeavouring to effect a union with the parts from which it was torn. I subsequently secured it more completely by a strong ligature passed through it in two places, the ends being brought together, and by means of a probe carried up through the nostril and fastened with adhesive plaster to the forehead. Intense inflammation followed, involving the whole side of the head, and during several days pieces of bone were being constantly separated and discharged. The previous ill health of this officer rendered his case the more unpromising. He had suffered for two or three years from severe and repeated attacks of asthma, which had so enfeebled his general health that the least exposure or fatigue was attended by intense suffering and danger of death. Up to the present time nature has made but little recuperative effort, in consequence perhaps of an attack of intermittent fever, which, in many cases, thus acts in retarding the healing process.*

Case 5.—A private of Col. Hays' mounted Texan Rangers was wounded on the 21st in an attack made on the eastern side of the city. A copper grape shot striking him at the same point as in the pre-

* This officer died a few days afterwards.—M

ceding case, passed obliquely backwards and downwards, wounding the tongue and fracturing the lower jaw on the left side near its angle; then coursing along the neck, beneath the integuments and muscles, lodged near the insertion of the left sterno-cleido mastoid muscle into the clavicle, where it was cut out. Fragments of bone came away, and considerable inflammation, with difficulty of swallowing, followed, but the wound progressed favourably, and notwithstanding the size of the shot and destruction of parts, is at the present time nearly healed. His head is considerably drawn down, and a rigidity of the jaw, with inability to speak, remain.

Case 6.—The sergeant-major of the 5th infantry was wounded on the 22d, the ball entering near the same point as in the two former cases, but passing obliquely backwards and upwards *above* the roof of the mouth, and lodging near the articulation of the jaw on the right side, between the coronoid process and masseter muscle. It was subsequently extracted, and the wound at the present moment has entirely closed, leaving, however, as in the former case, more or less immobility of the jaw.

Case 7.—Private Lewis, of the 1st Mississippi Regiment, was wounded on the 22d September. The ball struck him at the lower point of the lobe of the ear, and posterior edge of the ramus of the inferior maxillary bone on the left side. After fracturing this bone midway between its angle and articulation, the ball passed transversely inwards, tearing away the back part of the palate, and came out through the right malar bone. This case progressed favourably, and the wound at the present time is nearly healed. Some deformity, arising from ossific matter thrown out in the union of the jaw, and a certain degree of immobility remain. The close vicinity of the carotid artery to the point of entrance of the ball, and its entire escape from injury, renders this case doubly interesting.

The next order of wounds are those of the neck, thorax and abdomen, many of which, of an interesting character, presented themselves during the engagements, but the limits of my letter warn me I must reserve them for a future occasion. I will, however, describe a few cases of wounds of the pelvis and bladder, presenting some singularity in the direction and force of the balls, and interesting in the nature and result of the injuries they inflicted.

Case 8.—Lieut. G———, 4th Infantry, was wounded in three places about the same time, on the morning of the 21st September. The most severe wound, however, was one, in which the ball, striking the upper and anterior portion of the thigh, entered the pelvis, wounded the fundus of the bladder, and passed out at the sacro-ischiatic notch. The femoral vessels, in the course of the ball, escaped being wounded in a most remarkable manner. The urine passing freely through the wound necessarily produced considerable infiltration and inflammation of the cellular tissue of the thigh. By changing his position so as to lie on the left side, and introducing a catheter, which was constantly maintained in the bladder, no more urine escaped through the wound, and the inflammation rapidly subsided. No un-

favorable symptoms followed. The usual separation of the parts destroyed in the course of the ball took place, succeeded by a healthy suppuration, at the usual period of gun-shot wounds, and a hope was entertained by his friends of his speedy recovery. This hope was still more strengthened when, on the tenth day after the wound was received, the catheter, by some accident, became obstructed, and remained so some time before it was discovered, and on its withdrawal and re-insertion, upwards of *twelve ounces* of urine were drawn off, showing conclusively that the wound in the bladder must have entirely closed, to enable it thus to retain so large a quantity of fluid. The expression of his countenance, and cheerfulness of manner, would hardly have indicated any great pain or suffering. It was only on the twentieth day that any alarm was excited in the minds of his friends, by his suddenly being attacked by rigors, followed by fever and profuse night-sweats, which, notwithstanding all the means made use of, rapidly reduced his strength, and he expired on the night of the 13th October, and on the *twenty-second* day after being wounded. A post-mortem examination of this case would have proved highly interesting, showing how far wounds of this description, affecting internal hollow organs, may heal, and the manner in which a restoration of the parts destroyed takes place; but the pressure of professional duties at the time has prevented so desirable a finish to the history of the case.

Case 9.—Private Capers, of the Baltimore Battalion, was wounded early on the 21st September. The ball entered directly above the os pubis, and taking a direction downwards and obliquely backwards, wounding in its course the bladder, passed out of the pelvis between the sacrum and tuberosity of the ischium on the left side. It was found lodged between the integuments and glutei muscles, from which point I extracted it. Urine passed freely at the time, from the wound over the pubis, but ceased shortly after the introduction of the catheter, which was constantly maintained in the bladder, as in the former case. Very little tension or tenderness of the abdomen followed, nor any symptoms of peritoneal inflammation, showing that the ball had entered the bladder without wounding the peritoneum.* Neither were there any signs of extravasation or infiltration of urine, and but little or no febrile action. About the tenth day after its reception the wound over the pubis, which had by this time entirely closed, broke out again, discharging urine; this was shortly afterwards followed by the opening of that in the nates, made for the exit of the ball. Through the latter, both fæces and urine, passed, showing that sloughing had taken place, and a communication formed between the rectum and bladder. The contents of both of these were occasionally discharged from the anterior wound. The patient lin-

* The ball entered the bladder externally to the point were the peritoneum is reflected from the posterior wall of the abdomen upon the fundus of the bladder.—M.

gered in this miserable situation until the *sixteenth* day, when he expired, worn out by pain and suffering.

Case 10.—Private Young, of the 1st Tennessee Regiment, was wounded nearly at the same time and place as the above. The ball entered just above the os pubis, and about one inch to the right of the symphysis. It ranged diagonally across the pelvis, inclining downwards, wounding both the bladder and rectum, and passing out through the left sacro-ischiatic foramen, just above the os coccygis ; urine and fæces passed out from both orifices of the wound. When brought in, it was supposed, from his general appearance, that he would survive his wound but a very short time. A catheter was introduced immediately, which was retained with considerable difficulty. The wounds were dressed in the usual manner ; urine and fæces continued, however, to pass out of the wounds, attended by considerable irritation and febrile action. In this condition he lingered *twenty-three* days, when he expired, worn out, as in the case of Capers, by long-continued suffering.

Having given a brief description, of a few of the gun-shot wounds in the different assaults on Monterey, I will conclude my communication, with a statement of the number and results of the larger amputations, performed on those occasions. The total number in the three divisions of the army was *twenty-eight*, viz: *ten* in the first division, *four* in the second, and *fourteen* in the third or volunteer division. Twenty were performed on the field, or on the following morning, in the camp ; the remaining *eight*, at subsequent periods, varying from five to twenty days. *Twelve* of the number, including *two* in those taken prisoners and operated upon by the Mexican surgeons, proved fatal, and the remaining *sixteen*, have nearly or quite recovered. This average of mortality was not confined to our wounded. I was told by Dr. Hidalgo, surgeon in charge of the Mexican military hospital, that of *thirteen* amputations performed there, *five* had proved unsuccessful, and one case, that had recently been operated upon, appeared to me to be in a critical condition, but whether the patient died or recovered I have not learned.* In addition to unfavorable causes, not enumerated among those I have heretofore noticed, and from which the Mexicans were happily exempt, was the repeated removals to which our wounded were subjected. In carrying them from the field to the camp, a distance of three or four miles, they suffered greatly ; and the subsequent removal to town, still farther increased the pain and danger, and in one or two cases, evidently, was productive of a fatal termination.

With a few remarks, on the appearance and condition presented by the two cases of amputations of the thigh, performed by the Mexican surgeons, in their hospital alluded to above, I will close. One of these had been operated upon on the same day with the injury, and the other some four or five days after. Neither stump on examina-

* This case subsequently proved fatal.

tion, after the removal of the dressings, presented any unusual appearance; on the contrary, the flaps had been neatly adjusted and brought together, and kept so by a number of interrupted sutures and adhesive straps, encircling it in every direction, and adhesion had apparently taken place, in one case along the line of divided integuments. No one, judging by the external appearance of the wound, if we except a degree of paleness of the integuments of the flap and some fœtor, would have suspected the condition and extent of disease within. On dressing the first case and removing the lint and adhesive straps, which had become somewhat offensive, the edges of the flap receded or partially separated, so as to reveal a large cavity or excavation, the whole surface of which was dark and ill-conditioned, and from the centre projected the end of the bone. There were no signs or appearance of suppuration or granulation having ever taken place in the divided muscles; on the contrary, they appeared absorbed or attenuated by previous discharge, of which none existed at this time. The patient rapidly sunk, and died on the fourth day after his admission into the Division hospital.

Private Alexander, of the Baltimore Battalion, the other case, was brought to our hospital some two days after the one above. His stump presented nearly the same appearance as the first, with no indications whatever of the diseased condition within. Eleven days after his admission, the flap gave way, disclosing the same appearance as in the former case, with most intolerable fœtor. Gangrene rapidly extended, and he died on the *twelfth* day after his admission, and the *thirteenth* from the time of the operation.

Among other consequences arising from gun-shot wounds, in my hospital, were two cases of traumatic tetanus, both of which proved fatal. The first case manifested itself seven days after the injury, which was a wound of the knee-joint, with a fracture of the patella by a grape-shot. The man was brought from the camp of the 4th Infantry to the Division hospital, and was attacked a few hours afterwards, by opisthotonos, followed by trismus and severe spasmodic action of all the muscles of the body. He died the same night. The other case originated from a gun-shot wound of the left thigh, in which the ball passed down to the femur, six inches below the trochanters, and taking a direction upwards on the outer side of that bone, denuded it entirely of the periosteum for the distance of three or four inches, and was cut out from beneath the gluteus maximus muscle of the same side. Here the first semptoms manifesting an attack of this dreadful disease was violent spasmodic action of the muscles of the injured limb, which soon extended to those of the whole body, followed by trismus and a certain degree of opisthotonos. He expired on the *fifteenth* day after receiving his wound, and nine days after being received from the Mexican hospital; having been taken prisoner and carried thither on the 21st September, the day on which he was wounded,—*New York Jour. of Med.*

Remarks on the Medical Topography of Texas, and on the diseases of the army of invasion. By GEORGE JOHNSON, M. D., late Surgeon in the United States Army.—The Brazos Santiago Island, Texas, has become a place of much importance since the present war with Mexico commenced. From May last to the present time, all troops, destined for the "army of occupation and invasion," have been landed at the Brazos, and on account of the difficulties of transportation at the commencement of the war, many of the regiments remained encamped upon the island for several weeks. During the last summer, most of the volunteer regiments have been stationed along the banks of the Rio Grande, between Matamoras and the mouth of the river. Much has been said in the newspapers, and elsewhere, of the unhealthfulness of this region, but I have not seen the true causes assigned for the great mortality which has occurred amongst our troops upon the Rio Grande; I will, therefore, at your request, give you a brief sketch of the medical topograpy of this region, together with some of the causes which have led to this mortality. Hereafter I hope to see this subject discussed by the medical officers of the army, many of whom have had far better opportunities than fell to my lot for obtaining correct information on this head, particularly those accomplished surgeons, Drs. Wood and Wells, at Point Isabel, and Dr. Wright and his assistants, at the general hospital at Matamoras.

The Brazos Island, it might be inferred from the many statements that have been made, is particularly unhealthy, from its location. This, I think, cannot be the case. Though a dreary and uninteresting sand bar, I believe it to be as healthy as Galveston, or any other spot along the Gulf coast. The island is about four miles in length, and one and a half in breadth. It would be almost level with the Gulf, but for the sand hills which line its southern extremity for half a mile. There are some two or three ponds on the island, called on the maps of the country, fresh water ponds, though I found them quite salty on trial. These ponds are situated about a mile and a half from the sand hills, (the place of encampment of the troops,) and to the north. The sea breeze blows almost continually from the south-west, so that no deleterious effects can arise from them. This breeze usually commences about 9 A. M. and continues throughout the night, making sleep delightful and refreshing. By it the sun's heat is rendered less oppressive, and there was not a day so warm, during our stay upon the Island, which was during the month of June, as to prevent the men of our regiment from perambulating it from end to end, on fishing and hunting excursions. Here, too, the men enjoyed the pleasure and benefit of bathing. I have understood that the Mexicans considered the Brazos healthy, prior to the arrival of our troops, and I learned from an American woman, a native of North Carolina, who has lived upon the Island for several years, that her family, consisting of six children, had enjoyed excellent health since her residence there. Yet she had occupied, during the whole time, a miserable little shed, only partially covered with ox hides.

The Mexicans who were taken prisoners at Palo Alto and Resaca de la Palma, were employed in the Quartermaster's department, at the Brazos, and though these men were exposed, day after day, to the heat of the sun, in their labours about the shipping, yet I never knew a case of sickness to occur amongst them. The other employees of the Quartermaster's department, such as teamsters, carpenters, etc., also retained their health, whilst the troops at the same period, were suffering with diarrhœas and dysenteries. I accounted for this circumstance, thus: these teamsters were making daily trips to the mouth of the Rio Grande, (nine miles,) and they kept their messes well supplied with the excellent water of that river. Besides, they had learned to cook their food properly, and they slept in the dry and comfortable Government storehouses, whilst the troops were lying under tents, upon the wet sand, eating food that was only partially cooked, and drinking the brackish water from the wells that it was almost impossible to retain upon the stomach.

It is known to all military men, and to the profession, that dysenteries and diarrhœas are camp diseases, and are common to every location where troops are encamped for a few weeks. Our regiment was encamped for about a week at Algiers, opposite New Orleans, and it was very rainy weather during the time; in consequence, dysenteric affections became numerous. At the present time, the troops stationed at Santa Fe are suffering severely with these diseases, and it will not be denied that Santa Fe is a healthy town.

The water used by the troops at the Brazos, is obtained by digging small wells in the sand, usually to the depth of two feet. The water obtained from a well recently made was not very unpalatable, being the rain water contained in the upper surface of the sand, but in a short time the salt water from beneath would be mixed with it, thus rendering the well useless, so that new wells were constantly being made, and as the space occupied by the troops was only about half a mile in extent, and one hundred and fifty yards wide, (in rainy and stormy weather all the rest of the island being covered with water,) and as this sand hill ridge has been occupied by troops since the 20th of May last, even as many as three regiments have been stationed here at one time, it can readily be understood how the water of this ridge is affected.

The troops that have, from time to time, sojourned at the Brazos, have been for the most part volunteers, and they have had much more to learn than the drill and discipline. They have been compelled to take a few lessons in the culinary art—particularly so far as related to the cooking of pork and beans—a knowledge of which was not obtained until the pains of colic had been experienced more than once. It would be fair to say that the beans of every volunteer regiment are not half cooked, for, at least, the first month of service. Besides, the young soldier is apt to indulge in every excess. He will lie down on the wet ground without his blanket. The old soldier is more prudent—he may drink a little too much whiskey, (if he can get it,) but he will not expose himself unnecessarily to the sun's heat at mid-day,

in fishing or hunting. Neither will he eat the coarse and unwholesome food that a recruit will swallow with avidity. The old soldiers of our regiment were the only men who would not indulge in eating red fish, oysters and crabs, whilst on the island. They were influenced, in part, by the example of the Mexicans, who eschew these luxuries during the summer months.

The country between Matamoras and the mouth of the Rio Grande, is low, with lakes every few miles, between which is interspersed the chapparel and prairie—the only elevation being the ridge of Burita, upon which the village is situated, and one nearly parallel with it on the opposite side of the river. These ridges, commencing at Burita, extend up the river about a mile. These elevations have been occupied by troops during the last summer, and I can speak for those encamped upon the ridge of Burita, as having enjoyed a very good share of health. There was a marked improvement in the health of the St. Louis Legion, after they encamped here. Red fish, oysters and crabs, could not now be obtained. Good water was within reach, and the beans were boiling in the camp kettles at an earlier hour than formerly. Here, too, was felt the delightful and invigorating sea-breeze, but sleep was not so sweet as at the Brazos. Centipedes, (some of them six inches in length,) tarantulas, and other venemous and creeping things, would travel over a man's nose, occasionally, and wake him up before reveille.

Immediately south of Burita, there is a fresh water lake of considerable size, and about half a mile on the opposite side of the ridge there is a salt lake. Fresh and salt lakes may be seen in close contiguity in this vicinity.

The Mexicans in Matamoras, and those who live at the ranches in the neighborhood, are as healthy a looking people as I ever saw. I visited, during the months of July and August last, many ranches, where I saw children, and I do not remember to have seen one child that had an unhealthy appearance. In many regions of this (Mississippi) valley, during the same months, it would not be surprising to find half the members of every family labouring under remittent and intermittent fevers. The only sick Mexican I saw whilst in the country, (except the wounded in the Hospital at Matamoras, (was a woman with intermittent fever, at Brazos Island. I was afterwards informed by an old Frenchman, who had lived for many years on a ranche near Matamoras, that the fever and ague was the only disease that prevailed in the neighbourhood, but that the "chills" were not as severe as those he used to have in Louisiana—here the patient got well in a few days, without, perhaps, being obliged to keep the bed.

I have remarked that the Mexicans have, universally, good teeth—an indication, certainly of good health, and I venture the assertion that there are as many old people, according to the population, as can be found in any part of the United States. I will further state, that in Matamoras, I became acquainted with several American merchants who had resided in that city for several years. They informed me that the country was healthy—that they had enjoyed better

health in Mexico than in the United States. I therefore believe that the great mortality amongst our troops upon the Rio Grande, during the last summer was owing to the imprudence of the men—to bad cooking—to a neglect of proper police, in most of the volunteer regiments, and to the necessity which compelled the soldier to lie upon the wet ground during a wet season.

In order to show the number of diarrhœa cases, in comparison with all other diseases, I will here give an extract from my monthly report of "sick and wounded" for June. The regiment, during that month, was stationed at the Brazos Island.

NAME OF DISEASE.																	REMAINING.			MEAN STRENGTH.		
Diarrhœa.	Dysentery,	Remittent Fever,	Intermittent Fever,	Ulcers,	Catarrh,	Rheumatism,	Opthalmia,	Erysipelas,	Pleurisy,	Asthma,	Hernia Hæmoralis,	Gonorrhœa,	Syphilis,	Colic,	Wounds,	Total,	Returned to duty,	Discharged from service,	Dead,	Sick,	Convalescent,	Total,	Officers,	Men,	Total,
170	9	36	18	7	7	6	2	7	4	2	1	2	3	8	4	286	229	12	1	38	19	57	30	601	601

Most of these cases of diarrhœa were preceded by colic, and could be traced to some imprudence in eating. The most successful mode of treatment I found, was to empty the bowels with castor oil, particularly when there was tenderness or pain over the region of the abdomen, and then to administer large doses of opium, 3 or 4 grains, at intervals of four hours, until the bowels were constipated, and after waiting forty-eight hours to give a dose of castor oil and laudanum. This was the only plan of treatment that was curative. Hyd. cum. cocta. dover's powder, with calomel, etc., were given without success at first. Though the cases of diarrhœa were so numerous, yet we did not lose a man of our regiment with that disease.

Most of the cases of remittent and intermittent fevers supervened upon diarrhœa. The remittent fevers were of a low form and very obstinate in their character. What retarded recovery, especially in these cases, was a despondent state into which almost every patient sank. After a man had suffered with fever for a week, he either made up his mind to die, or became so dejected that it was almost impossible to persuade him that he would recover, or to rouse his feelings in any way. I saw a few cases of pure nostalgia, and I believe there were many such, during the first six months of service, amongst the young men of the army. The marasmus, after remittent fever, was striking, and convalescence remarkably slow. These patients had the same cadaverous appearance and haggard expression of countenance as is common to children who are laboring under tabes mesenterica. There was also that loose and wrinkled condition

of the skin of the abdomen which is common in such cases. Diffusible stimulants were very freely given in these cases, and with the most happy effects.

Two cases of wounds came under my notice that are worth mentioning, on account of the result. The first occurred in the Fifth Louisiana Regiment, (Col. Peyton's,) whilst stationed at Burita. Two men, previously good friends, had been drinking together, when an altercation ensued, and one of them drew a large Bowie knife and plunged it into the breast of the other. I reached the wounded man at the same moment with the surgeon of his regiment. On examination, we found a piece of the lung, two and a half, or three inches in length, protruding from the wound, which was about an inch below the left nipple—the knife passing between the ribs, downwards and outwards. The wound was at least three inches in length. After consultation, we concluded to introduce the wounded portion of lung within the thorax, and to close the external wound with the interrupted suture. The man was kept upon the most strict antiphlogistic treatment, and some twelve or fifteen days after, when I last saw him, there was every reason to believe that he would entirely recover. The knife with which this wound was given was two inches wide, and it must have penetrated the lung, four inches. On reflection I am not convinced that our practice in this case was the best that could have been adopted. The wounded portion of lung had only an attachment of three-fourths of an inch, and would it not have been better surgery to have clipped it off than to have replaced it within the cavity of the chest?

The other was a case of gun-shot wound, which occurred accidentally. A man was shot in the left axillæ, with a musket ball; the man who fired the gun being immediately opposite, and about one hundred and twenty yards distant. Being absent from camp I did not see the wounded man until the evening of the second day after the accident. On examination I could find no signs of the ball. The man was laboring under distressing dyspnœa. I learned that he had expectorated blood freely, when first shot, but now his cough was suppressed, and he could not expectorate at all. The left cavity of the chest seemed to be half full of blood, and on raising the man and turning him on the left side, at least half a pint of blood escaped through the wound. The following day he was bled twice, and the treatment was strictly antiphlogistic. About a week after, the track of the ball was plainly to be seen. After passing through the chest it made its exit half way, and just below the spine of the scapula; thence glancing inwards and downwards, lodged near the spinous process of the twelfth dorsal vertebræ, where I extirpated it. Beattie, the man whose wound I have just been describing, lives in this city. Prior to the accident he was a robust and healthy man, but he has now become thin and wan, and is frequently troubled with a cough.

St. Louis Med. and Surg. Jour.

Case of Doubtful Sex. By Wm. James Barry, M. D., of Hartford, Conn.—In March, 1843, I was requested to examine the case of Levi Suydam, aged 23 years, a native of Salisbury, Conn. At the exciting and warmly contested election of the spring of this year, almost everything bearing the semblance of the human form, of the male sex, was brought to the ballot-box. It was at this time, and under these circumstances, that the above mentioned person was presented, by the whigs of Salisbury, to the board of Select-men, to be made a freeman; he was challenged by the opposite party on the ground that he was more a female than a male, and that, in his physical organization, he partook of both sexes.

The following was the result of the first examination. On exposing his person, I found the mons veneris covered in the usual way, an imperforate penis, subject to erections, and about two inches and a half in length, with corresponding dimensions, the dorsum of the penis connected by cuticle and cellular membrane to the pubis, leaving about one-inch and a half free, or not bound up, and towards the pubic region. This penis has a well formed glans with a depression in the usual place of the meatus urinarium, a well defined prepuce, with foramen, &c. The scrotum not fully developed, inasmuch as it was but half the usual size, and not pendulous. In the scrotum, and on the right side of the penis, one testicle of the size of a common filbert, with spermatic cord attached. In the perineum, at the root of the corpora cavernosa, an opening through which micturition was performed, this opening large enough to admit the introduction of an ordinary sized catheter. Having found a penis, and one testicle, though imperfectly developed, and without further examination, I gave it as my opinion, that the person in question was a male citizen, and consequently entitled to all the privileges of a freeman.

On the morning of the 1st Monday in April, (Election day,) I was informed that Dr. Ticknor would oppose Suydam's admission. Suydam came forward, Dr. Ticknor objected. I then stated to the meeting, that from an examination I had made, I pronounced the person in question to be a male, and requested that Dr. Ticknor might, with the consent of Suydam, retire into an adjoining room, and examine for himself. This was done, when Dr. Ticknor stated to the meeting that he was convinced that Suydam was a male. Suydam accordingly was admitted a freeman—voted—and the whig ticket carried by one majority!

A few days after the election, it was told me that Suydam had regular catamenia. I then commenced further investigations, and learned from Mrs. Ayres, the sister of Suydam, that she had washed for him for years, and that he menstruated as regularly, but not as profusely, as most women. I next saw Suydam, who very unwillingly confessed that such was the fact. I then requested him to meet Dr. Ticknor and myself the next day at my office; when the following additional particulars were elicited. Said Suydam is five feet two inches in height, light colored hair, fair complexion, with a beardless chin, and decidedly of a sanguineous temperament, nar-

row shoulders, and broad hips; in short, every way of a feminine figure. Well developed mammæ, with nipples and areola. On passing a female catheter into the opening through which micturition was performed, and through which, he again stated, he had a monthly, periodical, bloody discharge, instead of traversing a canal and drawing off urine, the catheter appeared to enter immediately, a passage similar to the vagina, three or four inches in depth, and in which there was considerable play of the instrument. He stated that he had amorous desires, and that, at such times, his inclination was for the male sex; his feminine propensities, such as a fondness for gay colors, for pieces of calico, comparing and placing them together, and an aversion for bodily labor, and an inability to perform the same, were remarked by many.

I further learned from an old lady who was present at the birth of Suydam, that on the second day after his birth, Dr. Delamater, who attended as accoucheur, made with an instrument, the opening through which he has ever since performed micturition.—*New York Jour. of Med.*

Death by Strychnine—Report on the case of the late Dr. W. C. Warner.—At a late meeting of the Addison County Medical Society of Vermont, the undersigned were appointed a committee to ascertain the facts in the case of one of their members, the unfortunate William Cullen Warner, M. D., of Bristol, who deceased, suddenly, at Montpelier, October 11th, 1846, in the thirty-ninth year of his age, while he was a member of the Legislature.

On account of there having been considerable discrepancy in the published reports in relation to this melancholy event, the committee addressed letters of inquiry to the Hon. Daniel O. Onion, M. D., of the Vermont Senate, and to Charles W. Horton, M. D., Member of the House, each of whom, they had learned, were present during most, if not all, the period of the sudden and tragical event. To the inquiries of the committee, each of these gentlemen has given prompt and satisfactory replies, which in substance are here subjoined.

1. In your opinion how much sulphate of strychnia was taken?

To this Dr. Onion answers, "I think probably from one-fourth to one-half a grain. As he intended to take, and supposed he was taking, morphia, he would be likely to use the same quantity he was in the habit of using of that article, although there was no evidence at the time of the quantity taken." To Dr. Horton, who was called into the room immediately after the accident, Dr. Warner said, "Dr., I have taken by accident an over dose of morphine; help me if you can," at the same time handing him the phial enveloped in paper.

2. How soon after was any effect produced?

Dr. Horton says, "It is my opinion, from facts subsequently obtained from Gen. W. Nash, who occupied the same room with him, that he felt the effects in less than five minutes."

3. What was the first symptom?

Dr. H. replies, "constriction of the throat and tightness of the chest, with rigidity of the muscles in attempting to move." Dr. O. says, "He first complained of a want of air, and requested the window to be raised; whether it was from faintness or a constriction about the respiratory organs, I do not know, although I think the latter."

4. What symptoms ensued from the first till death occurred?

Says Dr. O., "When I first saw him, he was lying upon the bed in a complete *tetanic convulsion;* his head somewhat drawn back; his countenance completely livid, with some frothy matter issuing from his mouth, with frequent moans. The palpebra constantly in motion. This first paroxysm may have lasted some five minutes, which was succeeded by an interval of partial calm." "During this interval," continues Dr. O., "it was somewhat difficult for him to articulate with distinctness. He made several attempts to vomit in this interval, by exciting the fauces with his finger. There seemed to be some constriction about the throat, as it was difficult for him to swallow." "This interval lasted perhaps five minutes, when another paroxysm commenced by a little starting and stiffening of the extremities, and immediately the whole body was thrown into a tetanic paroxysm, in appearance like the first, and lasted two or three minutes, when death ended the struggle."

"In about three minutes from the first paroxysm," says Dr. H., "the tetanus again returned, and in the space of two minutes death closed the scene, with terrible spasms of the entire system. The pulse remained unaffected till the last struggle. It is my opinion that the immediate cause of death was suspension (?) from spasm."

"His appearance," says Dr. O., "led me to believe that death ensued from asphyxia or suffocation. There must have been great congestion of the brain, which of itself might have proved fatal."

5. How soon after taking the article did death occur?

Dr. H. says, "From the best information which I could obtain, I should judge that death ensued in fourteen minutes." "The time from taking the article till death ensued," Dr. O. remarks, "could not have been over twenty minutes."

6. Did his mind remain clear till the last struggle?

"I think," replies Dr. H., "that he was perfectly conscious from the first to the last, except in the paroxysm of tetanus, from the following facts:—1. His appeal which he made to me, as noted in the first article. 2. On loosening his cravat, he requested me to unbutton his vest, at the same time desiring me to take out his gold watch and take care of it. 3. An emetic having been administered, he applied his finger to his throat to provoke a nausea. 4. And, from the last words he uttered, '*I fear, I fear, O God deliver me.*'"

7. What means were used to prevent the fatal result?

Dr. H. says, "On witnessing the first symptoms, I left the room for the purpose of obtaining medicine. I procured an emetic of sulphate of copper and ipecac.; but returning and finding him in a tetanus, I immediate dashed cold water on his head, face and breast, and

used the most powerful friction on the extremities. He returned to a state of perfect consciousness. I then proceeded forthwith to administer the emetic, making use of diluents copiously. I sent a messenger for some vinegar and ground mustard, and another for a stomach pump. I used the ground mustard, in warm water freely, to all of which the patient submitted, seeming to be very grateful for the efforts which I was making for his relief. The means were used without any apparent effects." "When death had ensued, a number of the medical fraternity being present, we retired into an adjoining room, when the fatal bottle was produced, with the wrapper still around it. On removing this, it was found labelled 'strychnine.'" Dr. O. states, that "till this time, we were in ignorance of what he had taken." Dr. H. avers, "that here I wish definitely to state, that before the last paroxysm came on, I was fully convinced in my own mind that the fatal drug was not morphia, but strychnia, and I so declared to those present at the time."

From facts before the committee, derived from reliable sources, it appears that on the afternoon of the second day before the fatal accident, Dr. Warner called at an apothecary store in Montpelier, and asked for and purchased what he supposed to have been a bottle of sulphate of morphia. This was handed to him by the apothecary enveloped in a brown paper and twisted at both ends. That on the fatal morning Dr. W. tore off the envelope surrounding the mouth of the bottle, and took a portion of what he supposed to have been morphia. He then proceeded to pour some of the supposed morphia into a small phial in which he had been in the habit of carrying sulphate of morphia, when he was suddenly arrested by the symptoms narrated. It is quite clear that he never entertained any idea of the fatal drug he had taken. "I am certain," says his afflicted brother, "that he never for a moment suspected that he had taken strychnia, and was wholly unconscious of the agency which had produced his awfully unprecedented sufferings."

Dr. W. had never possessed very firm health, and for about two years before his death he had suffered from an inordinate action of the heart, for which he had occasionally taken morphia. This affection of the heart had been the sequence of an inflammatory affection of the chest, which he had early in the year 1844.

The committee have taken considerable pains to ascertain the facts in this melancholy instance of death from a mysterious mistake. The mistake was certainly a singular and mysterious one, both in relation to the apothecary and the unfortunate man. It appears that Dr. W. asked for sulphate of morphia; the apothecary intended and supposed he had sold him morphia till after the fatal event, when he found, through mistake, he had given him, enveloped in a paper, a bottle of sulphate of strychnia in lieu of morphia. This exposition of facts appears to be demanded in justice to the character of the deceased, to the apothecary and to the medical profession.

In a medical point of view, the case is one of much and deep interest, since it so clearly manifests the true and energetic character of

this somewhat new medicinal agent. And in a medico-legal consideration, it may prove of immense importance. In the suddenness of the effects, and in the quickness of the fatality, from the use of strychnia, this case is probably without a precedent. Christison, Pereira, and several monographical writers, in the periodicals, have recorded some bad results, and some fatal cases, from over dosing with this agent; but no instance has fallen under our notice in the human subject in which its administration, either accidentally or otherwise, has so speedily and terrifically proved fatal.

"No poison," says Christison, "is endowed with more destructive energy than strychnia." "I have," he adds, "killed a dog in two minutes with the sixth part of a grain, injected in the form of an alcoholic solution into the chest. I have seen a wild boar killed in the same manner with a third of a grain, in ten minutes; and there is little doubt that half a grain thrust into a wound might kill a man in less than a quarter of an hour. It acts in whatever way it is introduced into the system, but most energetically when injected into the veins."

With the exception of prussic and oxalic acids, there is probably no agent possessing an equally destructive power. Strong prussic acid is well known to be sufficiently energetic to destroy cats or dogs, when properly administered, in less than a minute. And Pereira examined the body of a man who had accidently taken oxalic acid in lieu of Epsom salts, and died in twenty minutes.

JONATHAN A. ALLEN, M. D.,
ERASMUS D. WARNER, M. D.,
WM. P. RUSSELL, M. D.
Boston Med. and Surg. Jour.

A Case of Pregnancy and Parturition during the existence of Cancer of the Uterus. By JOSEPH A. EVE, M. D., Professor of Obstetrics, &c., &c., in the Medical College of Georgia.—Carcinoma of the uterus was formerly supposed to be incompatible with pregnancy; but the possibility of this complication with this disease in all its stages is acknowledged, and its influence in hastening its progress admitted, by all or nearly all authors who have recently written on the diseases of females. A record of cases, or an allusion to this unfortunate complication, will be found in the works of Clarke, Davis, Ashwell, Churchill, Ramsbotham, Waller, Ferguson, Duparcque, Colombat, Boivin & Duges, Velpeau, Siebold, and many others. But it is, in an excellent practical treatise on Organic Diseases of the Womb, by Mr. Lever, of London, that we find the most satisfactory account of pregnancy in connection with cancer, and the most extensive reference to cases.

Pregnancy and cancer have each a prejudicial influence over the other—the former hastening the progress and fatal termination of the latter; and the latter in a considerable number, I believe in a large majority of cases, causing either an abortion or the death of the fœtus when delivery occurs at the full term. The fœtus sometimes perishes

in utero, its farther development being prevented, and abortion the necessary consequence; in other instances the death of the fœtus is the result of impediment to delivery, from the schirrous enlargement of the mouth or neck of the uterus.

Of one hundred and twenty cases of malignant disease of the uterus, referred to by Mr. Lever, abortion occurred in forty per cent.; in twenty-seven of delivery, fifteen children were born dead, ten living, and in two the result was not known, or we may say fifteen out of twenty-five were lost.

The object of the present communication is to give a brief history of a remarkable case of pregnancy and parturition in connexion with cancer of the uterus.

July 28th, 1845. I was called in haste, eleven or twelve miles in the country, to visit Mrs. ———, who I was informed had been some time in violent labour. There was considerable time lost in consequence of my absence from town. On my first examination I found the head very low in the pelvis, the mouth of the womb extinguished, except a small portion, which had a tumid, hard, rough, unnatural feel. This labor was far more difficult, painful, and protracted than her two preceding labours, in which I had attended her. The child was expelled about a half hour after my arrival. I remarked a smell very similar to that of cancer of the womb, but did not at the time suppose it possible that it could be identical with it, for she was apparently in most excellent health, remarkably robust and stout, weighing not less than two hundred and fifty pounds, and being about twenty-eight years old, and furthermore, as the child to which she gave birth was large and healthy.

Two or three months previous to her confinement, I was consulted by her family physician in reference to a sanguine discharge to which she had been subject for some time, and which I feared might depend on placenta prævia, but which I have no doubt now was consequent on carcinoma. I have since learned, upon enquiry, that as early as January, she complained of severe pains in the region of the uterus, and that in the very commencement of gestation she experienced unusual sensations that caused her for a long time to doubt whether she was pregnant.

After her confinement Mrs. ——— had an offensive discharge from the vagina. On expressing the opinion, when consulted in reference to it, that she was laboring under organic disease of the uterus, I was requested to visit her, October 5th, with a professional friend, and make an examination with the speculum.

The touch discovered an extensive schirrous enlargement of the neck of the uterus. We could not determine satisfactorily the extent of the ulceration by the speculum, because, before we could make a proper inspection, we were compelled to remove the speculum, for she became so excessively agitated that we feared an hysteric convulsion would have been induced.

As she was young and remarkably robust, we considered this was a case in which every possible effort should be made, although even

under such favorable circumstances we had scarcely the slightest shadow of hope—favorable, I mean, in reference to her age, constitution and general health, but quite the contrary when viewed with respect to her recent gestation.

We put her on the internal use of proto-iodide of mercury, and chloride of soda as a vaginal injection, with an occasional resort to the sulphate of morphine, whenever pain might call it into requisition ; she was however at this time, and for a considerable time after, comparatively free from suffering. We proposed to apply some cautery, at another visit, when she might be sufficiently composed to bear its application, either the nitrate of silver or nitrate of mercury.

I was requested to visit her again, the 21st of the same month, sixteen days after my first visit. She had not yet lost her embonpoint, but the cancerous ulceration had made most frightful and destructive progress, having involved not only the posterior lip, but the posterior part of the cervix or body. It was now too late to think of anything beyond palliative measures. We advised a lotion of the nitrate of silver, with the view of correcting the fetor and improving the condition of the ulcers, perhaps in some degree checking their course. After this she became subject to most alarming and exhausting hæmorrhages at each menstrual period. She now began to lose flesh, and strength rapidly, and to suffer severe lancinating pains.

I visited her again the 6th of November. The disorganization was still more rapid, far exceeding anything I had ever before witnessed. We endeavored to support her strength by tonics, to alleviate her sufferings by opiates, to restrain the hæmorrhages by styptics and astringent lotions, and to correct the horrible fetor by the chloride of soda.

After the destruction of the posterior lip, posterior portion of the neck and body of the uterus, the ulceration extended through the vagina and rectum, allowing the fæces to pass from the latter through the former, and must have involved even the sacral plexus of nerves from the excruciating paroxysmal pains she suffered in that region.

I never saw her after the 23d December, but was informed by my friend that she continued to linger in the most painful and deplorable condition until the 25th of June, when death kindly released her from sufferings indescribably severe, almost beyond endurance.

It is impossible, from any thing we could learn of the history of this case, to determine how long the schirrus may have preceded the commencement of gestation : it is probable not very long, from the excellence of her general health and the fact that she did not complain of pain, or any unusual sensation in the pelvis, until about the time she became pregnant.

This case is remarkable, from having occured in so young, healthy and robust a subject, from the fact, that the process of gestation was conducted most perfectly, notwithstanding the presence of schirrous certainly, and I think we may safely say cancerous ulceration, from the discharge and the characteristic fetor, parturition only being rendered somewhat more tedious and difficult. But if it is remarkable

for the absence of any obvious effect of the cancer on the gestation, it is still more so for the very marked influence of the latter over the former. After delivery, the progress of the disease was extremely rapid, although in the early age, health and vigor of the patient, it might have been expected to have run a slower and longer course.

Mr. Lever considers twenty months to be the usual or average duration of uterine cancer. Dr. Ashwell concurs with him, if he refers, as he doubtless does, to the stage of ulceration. I would suppose, from my own comparatively limited observation, that the ulcerative stage generally lasts at least twenty months. In this case, there intervened only eleven months between her confinement and her death, although she possessed uncommon vigor of constitution and appeared to resist death much longer than any person could have supposed, considering the ravages of the disease and the intensity of her sufferings. I cannot speak positively with respect to the commencement of ulceration: I would infer, from the hæmorrhages during gestation, and the fœtid discharge during labour, that it existed previous to her confinement; but it certainly had not progressed far, even at my first visit, more than two months afterwards; it was so superficial that it was not evident to the touch, and, as I have remarked, in consequence of her extreme agitation and excitement, the examination by the speculum was not satisfactory. It is singular that ulceration had made comparatively so little progress, between the time of her confinement and my first visit, and so much between my first and second visit. It is probable if I could have made a satisfactory examination at my first visit, a larger ulcerated surface would have been discovered; but after making all due allowance, I am confident, it was very limited compared with the progress made at my second visit.

If I had had an opportunity of examining this patient, during gestation, at the commencement of labour, and a month or six weeks after delivery, these details would have been more satisfactory; but I have related them as particularly as I could under the circumstances. *Southern Med. and Surg. Journ.*

Two Cases of Croup cured by Cauterizing the Larynx with a Solution of Nitrate of Silver. By Wm. N. Blakeman, M. D.—On the 10th Nov. 1846, I was called to see a child of Mr. A. about two years old, very fat, large of his age, and of leuco-phlegmatic temperament. I first saw him at 10 o'clock in the evening, five hours after the commencement of the disease, with a hot, dry skin, quick pulse, great restlessness, laborious breathing, and the hoarse barking or crowing sound peculiar to croup. The family had, previous to my arrival, given freely of Coxe's hive syrup.

I gave tinct. sang., comp. syrup scillæ, with pulv. ipecac., which caused vomiting, but no relief to the patient. At 3 o'clock on the morning of the 11th, I gave six grains prot. chlor. hyd., and after waiting two hours, began with the above mixture, to which I added five grains of tart. antim.; more free vomiting was produced, and a

copious discharge from the bowels, at 8 o'clock, but without any mitigation of a single symptom. I then stopped using the above mixture, and gave per-sulph. of mer., in doses of qu. grain, the second dose to be given in half an hour after the first, and then at intervals of an hour. The child drank freely of warm water, and vomited some after each repetition of the medicine, but none of that peculiar, heavy, glairy substance, which is the secretion of this specific inflammation. At 5 o'clock, P. M., the remedies having done no good, and with the symptoms of suffocation becoming alarming, I resolved to try the effect of cauterizing the larynx with a solution of nitrate of silver, a drachm to an ounce of water.

The application was somewhat difficult, and the dyspnœa very great. A quantity of the thick tenacious substance was brought away by the sponge, &c., a large quantity by vomiting, which followed.

After waiting ten minutes, I made a second application, bringing away a larger quantity of membranous matter on the sponge than before, and a much more copious discharge accompanied the vomiting, caused by the application.

The disease now seemed to be arrested, as very great relief was apparent to all the family. The breathing was less laborious, the crowing sound less sharp, and the child more quiet.

I saw the boy at half past 10 o'clock, same evening, five hours and a half after the first application; he had improved in all the symptoms, breathing decidedly better, the barking sound heard only at intervals, and he had asked for drink,

I now made a third application of the same solution, which brought as before, on the sponge, some thick tenacious matter differing from the first in being of a yellow colour. The boy vomited *several* times after *this* application, each time throwing off a large quantity of the same yellow-coloured, thick substance, so tough that it could be raised from the bowl by the fingers. Soon after the vomiting ceased the child was so much better he fell asleep, in which situation I left him, with directions to be called if required before morning.

12th, 7 o'clock, A. M., I found him sitting on the bed calling for food; he had slept pretty well, asking for drink occasionally, a slight hoarseness left, for which he required no further treatment.

Case II.—I was called on the 20th of January, at 12 o'clock at night, to see a boy six years old, of sanguine temperament, and florid complexion, who was taken about two hours before with croup. The pulse quick, skin hot and dry, the breathing hurried and difficult, the crowing noise loud, and the child very restless. I determined that the remedy used last in the former case should be first in this. I made two applications of the same solution used in the former case. Some tough phlegm came away on the sponge, and free vomiting followed, which relieved the patient so that he fell asleep.

21st, 7 o'clock, A. M. The boy has slept well all night, and says he is quite well, only a little hoarse.—***N. Y. Med. and Surg. Reporter.***

A Spotted Child.—A foundling child was brought to the New York Alms House on Saturday last. It was a little girl about sixteen months of age. About one half of its body was of a fair complexion, and the remainder of a rich copper color, and the dark spots were all covered with a long white hair. In the centre of its forehead was a round dark spot, and the same hue covered the breast and legs.—*Ibid.*

The Patent Letheon—Jackson and Morton's Specification.—It has been repeatedly said that Dr. Jackson is not concerned in the Patent for the Letheon; that Mr. Morton alone has taken out the Letters Patent, and that whatever interest Dr. J. may have in it, arises out of some private contract between them. But it now appears that Dr. J. is really one of the proprietors—that the patent is issued in favor of Jackson and Morton conjointly,

The question has been asked, probably by every member of the profession, "what is patented?" I put the question, the other day, to a gentleman in Boston, who ought to know, and he replied, "The inhalation of the letheon by means of a valvular apparatus." This answer is far from satisfactory, for the same effect may be produced by inhalation of the vapor, without any valvular apparatus at all. If the "apparatus" is an essential part of the patent, the use of a different apparatus would enable any one to evade the penalty of the law. Have they patented the production of insensibility to pain by the inhalation of etheric vapor? No. A physician may administer the vapor, and produce insensibility to pain, with or without the valvular apparatus, without infringing upon the patent. He may administer it for the headache, the heartache or the bellyache, for tic douloureux, asthma or hysterics, and the patent will not reach him. Indeed, I am not quite sure that the patent will reach him if he uses the vapor in reducing dislocations or hernia, or in any operation in which "the knife or other instrument of operation of a surgeon" is not used.

What, then, is the precise thing patented? I answer, the combining with surgical operations the application of ether, or the vapor thereof. This is the whole thing. The use of it in the practice of medicine, by inhalation, is not patented, nor in surgery even, except when connected with operations. They claim the right to use an old and well-known medicine to produce a given result, in the treatment of certain cases. The principle, then, is, that a member of the profession, if he discover that a certain effect may be produced by any remedy or agent in common use, when used in a specified manner, in a certain case or class of cases, which effect had not (to his knowledge) been previously produced by said remedy or agent, he may secure to himself, by patent, the use of said article for producing this specified effect. For instance, should I discover that tinct. digitalis would cure Dixon Lewis, and others similarly affected, of excessive obesity, as it probably would, I might patent the use of tinct. dig. in such cases. If I discover that hydriod. potassæ, applied in a particular way, will cure dry scab, or scurfy eruptions of the skin and scalp,

copious discharge from the bowels, at 8 o'clock, but without any mitigation of a single symptom. I then stopped using the above mixture, and gave per-sulph. of mer., in doses of qu. grain, the second dose to be given in half an hour after the first, and then at intervals of an hour. The child drank freely of warm water, and vomited some after each repetition of the medicine, but none of that peculiar, heavy, glairy substance, which is the secretion of this specific inflammation. At 5 o'clock, P. M., the remedies having done no good, and with the symptoms of suffocation becoming alarming, I resolved to try the effect of cauterizing the larynx with a solution of nitrate of silver, a drachm to an ounce of water.

The application was somewhat difficult, and the dyspnœa very great. A quantity of the thick tenacious substance was brought away by the sponge, &c., a large quantity by vomiting, which followed.

After waiting ten minutes, I made a second application, bringing away a larger quantity of membranous matter on the sponge than before, and a much more copious discharge accompanied the vomiting, caused by the application.

The disease now seemed to be arrested, as very great relief was apparent to all the family. The breathing was less laborious, the crowing sound less sharp, and the child more quiet.

I saw the boy at half past 10 o'clock, same evening, five hours and a half after the first application; he had improved in all the symptoms, breathing decidedly better, the barking sound heard only at intervals, and he had asked for drink,

I now made a third application of the same solution, which brought as before, on the sponge, some thick tenacious matter differing from the first in being of a yellow colour. The boy vomited *several* times after *this* application, each time throwing off a large quantity of the same yellow-coloured, thick substance, so tough that it could be raised from the bowl by the fingers. Soon after the vomiting ceased the child was so much better he fell asleep, in which situation I left him, with directions to be called if required before morning.

12th, 7 o'clock, A. M., I found him sitting on the bed calling for food; he had slept pretty well, asking for drink occasionally, a slight hoarseness left, for which he required no further treatment.

Case II.—I was called on the 20th of January, at 12 o'clock at night, to see a boy six years old, of sanguine temperament, and florid complexion, who was taken about two hours before with croup. The pulse quick, skin hot and dry, the breathing hurried and difficult, the crowing noise loud, and the child very restless. I determined that the remedy used last in the former case should be first in this. I made two applications of the same solution used in the former case. Some tough phlegm came away on the sponge, and free vomiting followed, which relieved the patient so that he fell asleep.

21st, 7 o'clock, A. M. The boy has slept well all night, and says he is quite well, only a little hoarse.—***N. Y. Med. and Surg. Reporter.***

A Spotted Child.—A foundling child was brought to the New York Alms House on Saturday last. It was a little girl about sixteen months of age. About one half of its body was of a fair complexion, and the remainder of a rich copper color, and the dark spots were all covered with a long white hair. In the centre of its forehead was a round dark spot, and the same hue covered the breast and legs.—*Ibid.*

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I may patent this particular use of it, in this class of cases, and require my brethren to pay me a stipulated sum, or a certain per cent. of the fees they may receive, for the right to use it in such cases. Should I discover that tinct. cayenne pepper and tinct. opii, combined in certain proportions, will cure the cholera, I may claim the sole right to use them in cholera, however many persons may be dying around me for the want of them. If some *Yankee* were now in Bagdad, with a few gallons of these tinctures, with their use secured to him by a patent, would not he coin money?

The use of a known remedy to produce a particular effect in any given branch of professional practice, or in the treatment of a given class of cases, is the principle involved. This, so far as I can discover, from a careful examination of the specification, is the exact principle implied in it. As to the rectitude of this principle, professionally, socially or morally, I say nothing. Each one can judge for himself. I believe the illustrations I have used above are correct and appropriate—that is, if surgery and the practice of medicine are parts of one and the same profession. If surgery is a mere mechanical operation, and is to take its place in the same category as other operations in mechanics, then the case is altered. Success in the mechanic arts depends, not only upon the skill with which their processes are accomplished, but often upon the processes themselves, and when a man invents a process by which the same result can be accomplished better than before, he is permitted, by common consent, to enjoy the benefit of his invention for a limited time. If surgery puts in the same claim for its inventions, let it be divorced from the liberal professions—from the "humanities,"—and hang out before its office doors, as in the days of Ben Johnson, a staff wound with a red tape, as a *sign* that "surgery is done here." We all know the origin of the barber's pole; and, Mr. Editor, there is a more close connection between surgery and barbery, than one would at first imagine. Many of the operations of *surgery* are *barbarous*, and the operations of *barbery* are often surgical. Indeed many a poor wight would consider it no small alleviation of one of the miseries of human life, could he inhale the letheon before submitting to the most common operations of barbery. Mem. Barbers may use the letheon without infringing upon the patent. With the above remarks, which have extended much farther than I intended, I send you a copy of the specification, which has recently come into my hands, thinking that it will gratify the curiosity of many of your brethren. Yours, S.

March, 1847.

"*The United States Patent Office.*—To all persons to whom these presents shall come, greeting: This is to certify, that the annexed is a true copy upon the records of this office, of the specification of Jackson and Morton's Letters Patent, dated 12th Nov., 1846.

"In testimony whereof, I Edmund Burke, Commissioner of Patents, have caused the seal of the Patent Office to be hereunto affixed, this twelfth day of February, in the year of our Lord one thousand

eight hundred and forty-seven, and of the Independence of the United States the seventy-first. EDMUND BURKE."

The Schedule referred to in these Letters Patent, and making part of the same.

To all persons to whom these presents shall come: Be it known, that we, Charles T. Jackson and William T. G. Morton, of Boston, in the County of Suffolk and State of Massachusetts, have invented or discovered a new and useful improvement in surgical operations on animals, whereby we are enabled to accomplish many, if not all operations, such as are usually attended with more or less pain and suffering, without any or very little pain to, or muscular action of persons who undergo the same; and we do hereby declare that the following is a full and exact description of our said invention or discovery.

It is well known to chemists that when alcohol is submitted to distillation with certain acids, peculiar compounds, termed *ethers*, are formed, each of which is usually distinguished by the name of the acid employed in its preparation. It has also been known that the vapors of some, if not all these chemical distillations, particularly those of sulphuric ether, when breathed or introduced into the lungs of an animal, have produced a peculiar effect on its nervous system; one which has been supposed to be analogous to what is usually termed intoxication. It has never (to our knowledge) been known until our discovery, that the inhalation of such vapors (particularly those of sulphuric ether) would produce insensibility to pain, or such a state of quiet of nervous action as to render a person or animal incapable to a great extent, if not entirely, of experiencing pain while under the action of the knife, or other instrument of operation of a surgeon, calculated to produce pain. This is our discovery, and the combining it with or applying it to any operation of surgery, for the purpose of alleviating animal suffering, as well as of enabling a surgeon to conduct his operations with little or no struggling or muscular action of the patient, and with more certainty of success, constitutes our invention. The nervous quiet and insensibility to pain produced on a person is generally of short duration; the degree or extent of it, or time which it lasts, depends on the amount of ethereal vapor received into the system, and the constitutional character of the person to whom it is administered. Practice will soon acquaint an experienced surgeon with the amount of etheric vapor to be administered to persons, for the accomplishment of the surgical operation or operations required in their respective cases. For the extraction of a tooth the individual may be thrown into the insensible state, generally speaking, only a few minutes. For the removal of a tumour, or the performance of the amputation of a limb, it is necessary to regulate the amount of vapor inhaled, to the time required to complete the operation. Various modes may be adopted for conveying the etheric vapor into the lungs. A very simple one is to saturate a piece of cloth or sponge with sulphuric ether, and place it to the nostrils or mouth so that the person may inhale the vapors. A more effective

one is to take a glass or other proper vessel like a common bottle or flask. Place in it a sponge saturated with sulphuric ether. Let there be a hole made through the side of the vessel, for the admission of atmospheric air (which (*hole*) may or may not be provided with a valve opening downwards, or so as to allow air to pass into the vessel,) a valve on the outside of the neck opening upwards, and another valve in the neck and between that last mentioned and the body of the vessel or flask, which latter valve in the neck should open towards the mouth of the neck or bottle. The extremity of the neck is to be placed in the mouth of the patient, and his nostrils stopped or closed in such a manner as to cause him to inhale air through the bottle, and to exhale it through the neck and out of the valve on the outside of the neck. The air thus breathed, by passing in contact with the sponge will be charged with the etheric vapers, which will be conveyed by it into the lungs of the patient. This will soon produce the state of insensibility or nervous quiet required.

In order to render the ether agreeable to various persons, we often combine it with one or more essential oils, having pleasant perfumes. This may be effected by mixing the ether and essential oil, and washing the mixture in water. The impurities will subside, and the ether, impregnated with the perfume, will rise to the top of the water. We sometimes combine a narcotic preparation, such as opium or morphine, with the ether. This may be done by any ways known to chemists, by which a combination of etheric and narcotic vapors may be produced.

After a person has been put into the state of insensibility, as above described, a surgical operation may be performed upon him, without, so far as repeated experiments have proved, giving to him any apparent or real pain, or so little in comparison to that produced by the usual process of conducting surgical operations, as to be scarcely noticeable. There is very nearly if not entire absence of all pain. Immediately or soon after the operation is completed, a restoration of the patient to his usual feelings takes place, without, generally speaking, his having been sensible of the performance of the operation.

From the experiments we have made we are led to prefer the vapors of sulphuric ether to those of muriatic or other kinds of ether, but any such may be employed which will properly produce the state of insensibility without any injurious consequences to the patient.

We are fully aware that narcotics have been administered to patients undergoing surgical operations, and, as we believe, always by introducing them into the *stomach*. This we consider in no respect to embody our invention, as we operate through the *lungs and air passages*, and the effects produced upon the patient are entirely or so far different as to render the one of very little, while the other is of immense, utility. The consequences of the change are very considerable, as an immense amount of human or animal suffering can be prevented by the application of our discovery.

What we claim as our invention is the herein before described

means by which we are enabled to effect the above highly important improvement in surgical operations, viz., by combining therewith the application of ether or the vapor thereof substantially as above specified.

In testimony whereof, we have hereunto set out signatures this twenth-seventh day of October, A. D. 1846 CHARLES T. JACKSON,
WM. T. G. MORTON.

Witnesses,
R. H. Eddy,
W. H. Leighton. [*Bost. Med. and Sur .Journ.*

On the employment of Ether in Surgical Operations. By the Editor of the London Medical Gazette.

The burst of enthusiasm which has ushered in the use of ether as a means of rendering persons unconscious of pain, while under surgical operations, having had time to extend itself through the length and breadth of our land, it becomes us, as journalists, to consider calmly whether our present experience of the influence of this new agent is really confirmatory of, or in opposition to, the glowing paragraphs almost daily found in our newspapers:—whether, in fact, the introduction of this medicine, for the purpose alluded to, has been productive of the unmixed good that the public have been led to believe,—and whether, in estimating its value, medical men have followed that discreet, philosophical, and respectable course which might have been expected from the members of a liberal profession.

It is a well known fact, that intoxication, whether produced by ordinary potations, by opium, by Indian hemp, or indeed by many other substances, does, when it is carried far enough, produce in the system a state marked by a more or less complete unconsciousness of pain; and this, with respect to opium and hemp, whether taken into the stomach, or when introduced into the lungs by smoking. The same, or a similar condition, is induced by the use of ether. It is true we have not been accustomed to introduce ether into the stomach for the purpose of inducing intoxication, previous to the performance of surgical operations; but we are by no means convinced that its effects would not be equally remarkable were it so applied, or that the plan might not be accompanied with less risk, than when it is introduced into the system through the agency of the lungs. While the stomach is modified for the reception of various substances, the lungs are organised for the introduction of atmospheric air, and it is constantly observed that the air-passages become impatient under the presence of the ether vapour, as well as under many other gaseous fluids.

Under ether intoxication the most severe surgical operations may often be performed and the patient, when the influence is dissipated, will assure those around him that he has experienced no pain, and that he has been probably under the influence of a pleasant dream. It is, however, certain that under the knife, patients thus intoxicated will struggle, or even scream, violently; and yet, when all is passed, they will tell you that they have been totally unconscious of the pro-

ceeding which has given rise to it. It is also the fact, that many signs of exhaustion may be apparent afterwards, and they may be quite as decided as those which are observed after ordinary operations, and indeed much more than might be expected to occur after unimportant operations. How these circumstances are to be explained it is not easy to determine; some persons suggest that it is owing to a strong preoccupation induced in the brain by the intoxication,—others maintain that the power of perception is for the time extinguished, as you stupify the brain and make it insensible to pain by an overwhelming dose of opium; and by them the convulsive movements are referred to a reflex action. Whether any of these explanations be correct is doubtful.

The fact, however, still remains—certain indications of pain are apparent, although the patient, when the influence has ceased, is not aware of anything which could have given rise to them; and certainly there is often as much appearance of exhaustion as might be expected from the apparent amount of suffering.

These facts being admitted, it may next be asked—Can we determine in advance what dose of the vapour the patient may require to produce the wished-for effect, as we can determine what dose may be required by certain remedies to produce a given effect?—(as we know, in fact, that in nineteen cases out of twenty a scruple of jalap will purge—a scruple of ipecacuanha will vomit.) Certainly not; for if we take two similar kinds of apparatus, with a like quantity of similar ether in each, of the same temperature, and let it be inhaled by two patients with the same rapidity,—in one the desired effects may be obtained within five minutes; in the other it may be not for a quarter of an hour; and there is no certain sign by which we can be assured that the patient has had enough. The state of the pupil and the state of the pulse are extremely variable, and therefore not to be relied on; probably the best test is the change in the breathing. Then it also happens with ether, as with opium, or, indeed, any species of intoxicating substance, that the form which the intoxication may assume cannot with any certainty be predicated. One man, under opium smoking, will become stupidly insensible—almost comatose; another will become furious and "run a muck," as is often observed in the East. Under ether, probably one case in twenty will be accompanied by this sort of excitement.

Then, as to the operation itself, it is not always desirable that the patient should be unconscious: it is sometimes well to know how much suffering is experienced—whether nervous cords are unnecessarily interfered with, and so on. No surgeon, while opening a hernial sac, or making a section of the prostate, could regard without apprehension the chance of some convulsive movement. When a patient's senses are entire, these things do not often happen; but during intoxication he may bring his jaws together while a cutting instrument is in his mouth.

Supposing it to be admitted, however, that the administration of ether under ordinary circumstances is a certain means of rendering

a patient insensible during operation (which is by no means the case,) and supposing the dose could be exactly adapted to every case, and supposing the effects to be uniform, do we know of any evil consequences which have up to this time resulted from its use?—and are they of so serious a character as to make a prudent man hesitate in recommending his patient to become subject to its influence?

Great excitement of the nervous system, sometimes approaching to apoplexy,—an asthmatic condition of the respiratory organs,—spitting of blood,—syncope,—are among the results which have been observed; but these are by no means the worst. In many instances —already we are aware of six or seven—death has followed quickly upon operations so performed. It may be that in some of these cases death would have resulted even had the ether not been inhaled; but, as far as we have been informed, several of the deaths have occurred under circumstances which are not observed under ordinary operations. It is to be regretted that the same alacrity is not shewn in furnishing journals or newspapers with these fatal cases as with the "dexterous operations." We are sorry to say it, but we believe it to be the fact, that none of these cases, with the exception of that reported by Mr. Nunn, have been recorded in this country.

How different is the conduct of M. Jobert, the distinguished surgeon of St. Louis, at Paris. At the sitting of the Academy of Medicine, held February 16th, he stated that in two cases death after operation had occurred in his wards, and that the inhalation practised in both instances did not appear to him to have been altogether unconnected with the fatal issue.

Why there should be this want of common honesty we cannot conceive. There are few persons who do not concede the necessity of fairly trying the agent; and, if that be admitted, its failure cannot attach any reproach to the operator unless there have been a want of proper caution in the administration. So far as the effects have been at present observed, they do not justify us in condemning the agent, but they show us the necessity of grave circumspection in its employment.

There is another matter connected with this subject which presses more heavily upon us: and it is under a strong sense of duty that we raise our voice against it. We allude to the system by which this discovery has been introduced to the public. It is so inconsistent with that relf-respect which should actuate the conduct of every member of a liberal profession, that we could not be silent without a failure of the duty which we owe to those who pursue the higher path. To extend invitations to be present at operations to every layman of his acquaintance is surely not the way in which an enlightened surgeon would seek to advance the cause of science. Under this new agent, the phenomena, where females are concerned, are often so peculiar, that the opportunities of being present are sought for by some persons as means of gratifying a prurient curiosity: and what is not less to be deplored, is the fact that what is observed has the effect of influencing incorrectly the judgment of people whose infirmities may render

them the subjects of operation, but cannot tend to the advancement of science.

The experiments have been in many instances so made, that the public are no longer spectators only, but judges of the propriety of the administration of the remedy ;—and patients now direct that ether shall or shall not be employed, instead of allowing the practitioner freedom of action.

It is with much pain that we have observed the headlong pursuit of any opportunity for performing surgical operations,—sometimes even without urgent necessity,—because they are likely to come before the public. One day it is the section of tendons, another the administration of ether :—and we are confident that nothing tends more to shake public confidence in professional men, than the restlessness with which each new phantom is followed and abandoned.

But what is still less worthy is the system of puffing in the public papers to which the inhalation of ether has given rise. The presence of a newspaper reporter, however able in his own field, is not necessary in the operating theatre of an hospital, and he can scarcely be a competent judge of the merits of a surgical operation. A surgeon would scarcely say that an amputation was performed in a masterly manner, when the soft parts, left to cover the bone, were insufficient for the purpose, by an inch and a half, the bone being left protruding, and yet such an operation has so fascinated a reporter that he could scarcely set any bounds to his glowing description of its excellence. Is it ignorance, or something corrupt, which affords the readiest explanation of these things?

It will not do for us to wrap ourselves up in our mantles, and to inveigh against Holloway and others, if quasi respectable members of our own profession, and even Hospital Surgeons, await only a convenient opportunity to advertise themselves in terms as gross and as objectionable as those of Culverwell, Goss, and others.—*Lond. Med. Gaz.*

On Etherization. Since we last noticed this subject, although the inhalation of ether has been practised to a great extent, much of the enthusiasm which at first prevailed respecting it has been dissipated. The occasional unpleasant, and in a few instances even fatal effects which have resulted from its use, have caused a salutary check to the extravagant anticipations which were formed with regard to it. Further experience only can enable us to form correct notions of those circumstances which may render its application warrantable. In the meantime it is our intention to give a short summary of the novel facts which have been elicited in connexion with etherization during the past month.

Apparatus and mode of inhalation.—The forms of apparatus invented for inhaling ether are already endless. The desideratum at present is to render them cheap and portable, without destroying their efficiency. The apparatus employed by Professor Simpson com-

pletely answers these purposes. (See our Report of the Med. Chir. Society, March 3d.) Experience has shown that the inhalation should be so conducted as to produce its full effect as soon as possible, in order to prevent or shorten the period of excitement. With this view a large volume of vapour should be inhaled from the first, the individual should not be disturbed, or the inhalation interrupted, and the ether should be pure.

It has been proved experimentally by Mr. Young, cutler, Edinburgh, on his own person, before the Society of Arts, that so far from there being any danger of explosion during the inhalation, that flame applied to the mouth, and breathed upon, is immediately extinguished.

Physiological effects.—Numerous experiments have been performed on the lower animals by MM. Flourens, Serres, Gruby, Longet, Magendie and others. The same phenomena have for the most part been observed in them as in man. Stupification by ether constitutes a convenient mode of depriving animals of sensation, for experiments on the excito-motory system. If pushed too far, however, even this is affected, and death is occasioned. Different degrees of insensibility may be produced, aud an action upon the brain proper alone, or combined with this upon the medulla oblongata, and spinal chord, be occasioned according to the extent to which inhalation is carried. According to M. Flourens, ether acts on the nervous centres in the following order :—First, on the cerebral hemisphere; second, on the cerebellum; third, one the spinal chord; lastly on the medulla oblongata, destroying successively intelligence, regular movements, sensibility, and life. Dr. Buchanan of Glasgow, having pointed out that the blood surcharged with ether is sent directly to the heart and brain, explains the evanescence of its action by comparatively pure blood from the lower regions of the body, succeeding it as soon as the inhalation is stopped. (Paper read to the Philosophical Society of Glasgow.) The peculiar sensations experienced by individuals vary considerably in different cases.

Applications.—The removal of pain during surgical operations still constiutes the chief object of inhalation. Even this application of it, however, has caused perhaps less sensation than that of destroying the pains of child-birth, without interfering with the progress of labour. This fact, first ascertained by Professor Simpson, of Edinburgh, has been confirmed by Professor Paul Dubois of Paris, and subsequently by several others.

We are informed by Dr. Simpson that latterly he has ascertained two important points with regard to the use of ether in midwifery. First, its action may be kept up for hours. In one case he had a patient placed for four, and in another for five hours and a half, under its influence before the child was born. When the patients awoke, about thirty or forty minutes after delivery, they were quite unconscious of the birth of their infants, and could scarcely at first be persuaded of the happy result. Both labours had been previously exceedingly tedious. One of the patients had child's head arrested at

the brim, and after being above thirty-six hours in labour, was delivered by Dr. S. with the long forceps. Second; the fœtus in utero seems not to be deleteriously affected by even such prolonged etherization of the mother. In these two cases the action of the fœtal heart was carefully watched by Dr. S. with the stethoscope, and did not vary above ten or fifteen beats during the whole time of the etherization. Both children were born alive and well.

Ethereal inhalation has also been tried in several cases of facial neuralgia, inducing insensibility to the painful paroxysms, and sleep which could not otherwise be procured.

Another application has been made by M. Baudens to determine true from feigned diseases in the army. In one case, where curvature of the back was simulated, the deformity disappeared during the insensibility caused by ether, and the individual was led to confess the imposture. In another case. a suspected ankylosis of the hip joint was in the same way proved to be a reality.

Inconvenient effects have frequently resulted from the inhalation. Many of these will be found related by Professor Syme and Dr. Roberts, in our report of the meetings of the Medico-Chirurgical Society of Edinburgh. Great excitement, cough with expectoration of pus, hemoptysis, and convulsions, during the inhalation, have been witnessed by ourselves. In some cases, erotic feelings, and even nymphomania, have been occasioned in females, in others hysterical symptoms, or those of depression or intense headache, which have continued several days. In our last number we noticed the occasional occurrence of alarming sinking, which required vigorous measures to restore the individual. In some cases, the individuals have been thrown into such a state of agitation as to render the performance of the operation impossible.

Fatal effects have become multiplied. In our last number, one fatal case was noticed, occurring in the Edinburgh Royal Infirmary. We are informed that there are just now two other cases in which the ether was given, dying of secondary purulent deposits in the same institution. Is this result the effect of ether? An answer in the affirmative cannot be decidedly given, but, as we previously stated, all such cases require to be put on record. M. Jobert has brought forward two cases in which he considered death to be partly dependent on the ether. M. Roux has given another of tetanus, in which the patient never rallied from the stupefaction, and where death was decidedly accelerated by it. Mr. Nunn, of Colchester, has recorded a case of lithotomy, which sunk without the patient having rallied from the operation; and Dr. Maclagan has mentioned another, occurring in London after amputation of the thigh.

We observe in the Times. an account of an inquest at Grantham, in the County of Lincoln, in a case where an osteo-sarcomatous tumour was removed by Mr. Robbs, surgeon, under the influence of ether. The patient never rallied from the operation, which was in no way severe or prolonged, and the jury found "That the deceased, Ann Parkinson, died from the effects of the vapour of ether, inhaled

by her for the purpose of alleviating pain during the removal of a tumour from her left thigh, and not from the effect of the operation, or any other cause." In the correctness of this verdict the surgeon himself, Mr. Robbs, concurred.

Morbid Appearances.—The morbid appearances which have been found after death, caused by ether in animals, are similar to those observed in asphyxia, namely, fluidity of the blood, its collection in the right side of the heart and large veins, and engorgement of the internal viscera. In the fatal case of the Royal Infirmary there was found double pneumonia, bronchitis, and secondary purulent deposits in the joints. In the case of Mr. Nunn, cerebral congestion, lungs engorged posteriorly, and uniform fluidity of the blood. In the case at Grantham there was no great congestion, but the blood was fluid throughout. The observations of Amussat and Lassaign have shown that in every case the blood loses its power of coagulation, although with the exception of the presence of a minute dose of ether, its chemical principles are unchanged.

Claims to the discovery.—The merit of discovering the application of etherization to removing pain in surgical operations, has been lately claimed by Dr. Wells, of America. He states that he was led to the discovery by observing that individuals, when in a state of great excitement, as during battle, or intoxication, never felt the pain of local injuries. He consequently caused the patient to inhale ether, and nitrous oxide gas in several cases, and found that they were thus insensible to the pain of surgical operations. He was led to prefer the nitrous oxide gas for this purpose, from its causing less injurious effects than ether. He communicated his discovery to Drs. Morton and Jackson, who then received it with incredulity. He shortly after left America for Europe, and was much surprised on arriving at Paris to find that those gentlemen had propagated his ideas without any allusion to him.

Since writing the above we have been informed that Professor Syme has abandoned the use of ether in his surgical clinic.—*Monthly Journal of Medical Science.*

Fatal Effects of Ether Vapour in a case of Lithotomy. By Roger Nunn, Esq., Surgeon to the Colchester and Essex Hospital.—At a time when the attention of both the medical profession and the public is being called to the influence of the ethereal vapour as an agent in deadening pain during surgical operations, you may probably consider the accompanying case of sufficient interest to be admitted into your columns.

On Friday, the 12th inst., I operated upon Thomas Herbert, ætat. 52, the subject of stone in the bladder, in the presence of most of the medical gentlemen of the town and neighbourhood. The ether was exhibited by my colleague, Dr. Williams, who considered the patient to be sufficiently under its influence after having inhaled it seven or eight minutes, at the end of which time I commenced the operation. There was neither difficulty nor loss of time in cutting into the blad-

der; but, having done so, some little delay occurred in grasping the stone, which was small, very flat, and lying in the posterior part of the bladder; the delay was also increased by the extremely relaxed state of the bladder itself which seemed to fall in folds on the forceps, and to cover the stone. The time occupied from the commencement of the operation to the period when the man was unbound, was ten minutes, during which the ether was administered at intervals. The patient was placed fully under its influence, and the breathing first became heavy, and ultimately stertorous. He recovered, however, from its effects after a short time, and continued in a quiet passive state, but without decided reaction, for 24 hours. At this period he had a chill, which lasted for nearly twenty minutes. Mr. Taylor (the house-surgeon,) immediately gave him two ounces of brandy, with an equal quantity of water, after which the patient remained in a dozing state till 8 o'clock, P. M., when the house-surgeon considered it necessary to send for me, as a state of complete prostration or collapse had ensued. I ordered small quantities of brandy and water (equal parts,) with arrow-root, at intervals, wrapped him in hot blankets, placed hot bottles in the bed, &c. This treatment was kept up till 9 o'clock the following morning, when ammonia was given alternately with the before-mentioned stimulus. The patient seemed incoherent from 8 o'clock, P. M., of Saturday till 9 A. M., of the following day, when symptoms of slight reaction appeared. At a consultation of the medical staff, which was held at the time, it was determined that the same treatment should be continued, (modified according to circumstances,) and that, in addition, a stimulating injection should be administered. (The effects of the injection were to increase slightly the frequency of the heart's pulsation, but without exciting his nervous energies.) From this time he gradually sank, and died at 5 o'clock, P. M., being sensible to the last.

I should here mention that the small vessels which are necessarily divided in making the first incision showed much inclination to bleed, owing, I imagine, to their want of contractile power. I therefore, to prevent any unnecessary hæmorrhage, secured them immediately after the patient was put to bed, so that he did not lose much blood.

Postmortem (67 *hours after death.*)—Membranous congestion of the brain, but no effusion; brain firm; lungs permeable throughout, anteriorly ex-sanguineous, posteriorly engorged; heart flaccid, of a natural size, and nearly empty; the left kidney pale; the right, slightly congested. The bladder and the adjoining parts presented the usual aspect after an operation.

I would mention that the blood throughout the whole vascular system was in a perfectly fluid state.

It is not my intention or inclination to attribute the loss of my patient wholly to the influence of the ether which was administered in this case, nor hastily to decry its use under all circumstances connected with surgical operations; but still I feel called upon to bring before the notice of my medical brethren the effects which resulted from its exhibition in this instance, that the profession may judge,

from the recital of an unsuccessful case, how far it may be considered safe to employ ether generally as a means of preventing the pain otherwise inseparable from the physical lesion. The suffused eye, livid lips, and stertorous breathing, accompanied, first, by convulsive struggles, and next by a sudden cessation of all motion, are often indicative of the effects of the vapour; and these were not altogether absent in the present instance: still, I felt myself justified in employing it, from the published accounts of many successful cases, and the sanction of my colleagues and numerous friends around me. In prosecuting the operation, there was nothing peculiar to attract my attention, or to lead me to consider the patient's physical condition different from that of those on whom I had before operated, until I had reached the bladder, when I can but attribute the difficulty in seizing the stone to the apparently collapsed state of that viscus which had fallen in folds over the calculus, and so prevented its being grasped by the forceps. I must not, however, omit to mention the fact that the patient expressed no signs of suffering during the operation. Thus far, therefore, it may be said the ether fulfilled its intended office; but I think another question is involved, viz. whether the artificial means thus employed may not produce very serious depressing effects on the nervous system, depriving a patient of that reactive power so necessary to the reparative process. Has not a patient, after the administration of ether, a double shock to overcome —that produced by the vapour superadded to that of the operation itself? Does not the history of the postmortem examination bear out the suspicion of the depressing influence of this inhalation?—*positively*, from the still fluid state of the blood (although the body was not opened for 67 hours after death,) and from the flaccid state of the heart; *negatively*, from the fact that the inspection detected no indications of violence done to the parts that could explain the rapid dissolution which ensued, and that *there was no evidence of nature having made the slightest effort towards local reparation.* Pain is doubtless our great safeguard under ordinary circumstances; but for it we should be hourly falling into danger; and I am inclined to believe that pain should be considered as a healthy indication, and an *essential* concomitant with surgical operations, and that it is amply compensated by the effects it produces on the system as the natural incentive to reparative action.

I trust that the publication of this unsuccessful case may lead to the publication of many others which have occurred, so that the profession may not be led away by the erroneous supposition that the prevention of pain is so vital a desideratum in operative surgery.

*** Operators have hitherto fallen into the error of looking only to one side of the question. The profession is indebted to Mr. Nunn for placing in so strong a light the danger which may occasionally arise from the use of ether vapour. We have hitherto had a run of successful cases: it is now time that our correspondents should pause in their records of successful cases, and look to the possible danger.

London Med. Gaz.

On the removal of Stains in Linen made by Nitrate of Silver. By W. B. Herapath, M. B. Lond., Bristol.—Medical practitioners in the habit of using the nitrate of silver extensively, as a remedial agent, must have frequently heard loud complaints of their patients' linen having been indelibly stained and spoilt, by some accident having occurred during its use; and in many cases, patients have refused to employ these preparations, in consequence of the extensive destruction of linen which they occasion. I have therefore very little doubt that the following observations will prove most acceptable to my brother practitioners:—

These dark stains consist of very finely divided metallic silver in intimate union with the fibres of the cloth. Had they been oxide of silver, any diluted acid would have dissolved them; but nitric acid alone produces any effect upon them, which of course cannot be employed on account of its powerfully destructive effects upon the linen fabric. Iodine immediately converts them into iodide of silver, which is instantly dissolved by a solution of hypo-sulphate of soda, and the cloth remains as white as when issued from the bleaching house, and as firm and durable as ever.

The best mode of employing the substance is to strain the spotted linen over a basin of hot water, and then to let fall upon each spot, previously moistened with water, a few drops of tincture of iodine, and instantly to pour a sufficient solution of the hypo-sulphate of soda to dissolve the iodide produced, and then immerse the spot in the water beneath, to wash out and cleanse the tissue, at once, from the stain and chemical reagents employed. The tincture of iodine of London Pharmacopœia strength is the one I employ; and one drachm of crystallized hypo-sulphate of soda, dissolved in two ounces of water, will make an excellent bleaching liquid.

A patient may thus be very readily taught the manner of removing an unpleasantness frequently attending the use of a most valuable remedy.—*London Lancet.*

The Philosopher's Stone the subject of a Patent in the Fourteenth Century.—In a work lately published on the law of patents, it is stated "that in the time of Edward III. some alchymists persuaded the King that a philosopher's stone might be made, that the King granted a commission to two friars and two aldermen to inquire if it was feasible, who certified that it was, and that the King granted to the two aldermen a patent of privilege that they and their assigns should have the sole making of the philosopher's stone." This grant is believed to be the first, or at least the first patent privilege granted for any invention of which mention is made either in law books or chronicles, and is curious as showing the state of science in the fourteenth century.—*London Med. Gaz.*